RELEASE OF INFORMATION
AUTHORISATION FORM

Mail or email this form to:
MSI Australia GPO Box 1635 Melbourne VIC 3001 Australia
Email: ISTP@msiaustralia.org.au

Application Details	
This application is for both Client and Third-Party requests. Third Party requests are those acting on behalf of the client and must complete all sections.	
Client Details	
Surname:	
Given Name:	
Date of Birth:	
Address:	
Phone Number:	
Email Address:	
MRN (*if known)*: MSI Australia Health record number	
Applicant Details (if different from above)	
Surname:	
Given Name:	
Address:	
Phone Number:	
Email Address:	
Relationship to client:	

Information Required from the Health Record			
☐	Copy of entire Health Record	☐	Copy of Pathology *(please specify)* _____
☐	A Letter confirming procedure dates	☐	Copy of Ultrasound Photo
☐	A Letter confirming contraception	☐	Other (*please specify)* _____
Date(s) of Admission:*(if known)*			
Name of Clinic:			

For **Translation or Interpreter Services** to complete this form, please contact the Translating and Interpreting Service (TIS) on 13 14 50 and ask them to call MSI Australia

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Fees and Charges

Health Information Services will issue an invoice via email upon acknowledgment of your request with information on how to pay.

Fees **MUST BE PAID** prior to release of information. The fee charged is to cover the cost incurred to retrieve the file from the archives and administration costs.

Application fee applies as per the *Privacy Act* 1988, unless waived, please refer to exemption criteria below. For more information on the charges for medical records, visit www.oaic.gov.au/privacy/your-privacy-rights/health-information/access-your-health-information .

Criteria for exemption:

- Under 18 years of age
- Aboriginal, Torres Strait Islander and/or South Seas Islander person (supported on registration form)
- Refugee/seeking asylum
- Low-Income Healthcare card holder (this is not a Medicare Card) or pension card holder

Application Fee	**Entire Medical Record: $45** **Ultrasound photo: $30** **Letters of dates/IUD: $25** **Transfer of records to GP/other health service: $25** **Pathology results: No charge**
Physical copy of medical record *(plus, application fee and postage fee advised on application)*	**$0.30/page**

Authority for Release of Information

Request for Information – Client

Client Signature _____ Date _____

☐ Copy of Photo Identification e.g. driver's license **or** passport
☐ Copy of Low-Income Healthcare **or** other documentation for fee exemption (if applicable)

Request for Information – Third Party

*The client must sign this authority, **or** you must provide evidence that you have the authority to access this information on behalf of the client.

I, _____ of _____

(Client Name) *(Address)*

hereby authorise MSI Australia to release information to _____

Applicant Name) as requested above.

Client Signature _____ Date _____