



APPLICATION FOR MEDICAL RECORDS

Application for patient medical records

If you want a copy of your medical records (or if you have written consent from a patient to apply on their behalf), these can be released under the *Health Records and Information Privacy Act 2002 (HRIP Act)*. Please complete this form to apply for medical records and email it to:

AMBULANCE-MedicalRecordsNorthern@health.nsw.gov.au

Identification documents

Please provide copies of two forms of valid identification, which may include drivers licence, Medicare card or passport.

Payment

Payment of **\$33.00 (inclusive of G.S.T)** is required. Payment can be made by EFT, credit card or cheque. If you wish to pay by **EFT**, please remit to:

Payee:	NSW Ambulance
Bank name:	Westpac
Account No.:	228 033
BSB No.:	032-020
Swift/BIC:	WPACAU2S

If you wish to pay by **credit card**, please use the form on the next page. If you wish to pay by **cheque**, please send this form with your cheque of **\$33.00** to "NSW Ambulance Medical Records PO Box 17 HAMILTON NSW 2303".

Contact details

Please contact AMBULANCE-MedicalRecordsNorthern@health.nsw.gov.au or telephone **(02) 4921 7555** if you have any queries. For further information visit <https://www.ambulance.nsw.gov.au/about-us/access-to-information/medical-records>

1. Your details

Surname: **Title:** Mr/Mrs/Ms

Other names:

Postal address: **Postcode:**

Day-time telephone: **Facsimile:**.....

Email:

I agree to receive correspondence to the above email address.

2. Application for medical records

Patient name

Date of birth

Date of incident

Location of incident

Applicant's signature:

Date:



Credit Card Payment Form

Application for medical records

APPLICANT DETAILS

First & Other Name(s)	Last Name
Business Name (if applicable)	ABN
Contact Phone Number	Email address

PAYMENT DETAILS

Application for medical records **Amount \$33.00**

CREDIT CARD AUTHORITY

NSW Ambulance is collecting this information so that we can process your internal review application fee. We will process the request using a secure interface with Westpac Banking Corporation, and will not disclose the information to any other third party.

Please debit my credit card to the amount of

\$

Card Type

Visa

Mastercard

Expiry Date

(Month/Year)

Card Number

Card Holder Name

Card Holder Signature

Date

For office use only

Application Reference No.

Application Date

Receipt No.

Successful Payment

Unsuccessful payment

Date