

26 Old Coach Road, Aldinga SA 5173
Telephone: 8528 9805 Fax: 8550 7730

A.B.N: 87601645023

quality and innovation in healthcare

Dr Sophia Sandhu M.B.B.S., F.R.A.C.G.P.
Provider No: 4446724H
Dr. Paul Wolf M.B.B.S., F.R.A.C.G.P.
Provider No: 239428EH
Dr. Aye Hnin Aung M.B.B.S., F.R.A.C.G.P.

Provider No: 411703EF
Dr. Arif Majeed M.B.B.S MRCGP(UK) FRACGP FAEG(AUST)
Provider No: 5310091B
Dr. Fernaz Huma M.B.B.S MRCGP(UK) FRACGP FAEG(AUST)
Provider No: 5309931K

Dr Blacelina Sayo (FRACGP), DROF MEDICINE, DIP FAMILY
MEDICINE
Provider No: 4059003H
Dr. Kanwaljit Singh Sekhon M.B.B.S.,
Provider No: 5384671T
Dr. Made Kamayana MD, FRACGP
Provider No: 4452402X

Patient Request for Access/ Release of Personal Health Information

Dear Dr. _____

Address: _____

The patient below is now attending our medical practice. Could you please forward details of their medical treatment with you, in the form of either a full copy of their record or an accurate summary to the doctor mentioned above, who is now responsible for their ongoing care.

If your practice uses Medical Director, we would be happy to receive the electronic data via MDEXchange or on a CD/USB stick in .html format.

For practices using Best Practice, please create the file in .html format. Thank you

Where appropriate, could you please also provide us with a scanned copy of the following, completed table:

Assessment	Date	Assessment	Date
GPMP		Medication Review	
TCA		Annual Diabetic Cycle of Care	
Over 75 Health Assessment		45-49 Year Old Health Check	
HP Mental Health Treatment Plan / Review		Specialist Review	
PAP Smear		Other	

PATIENT AUTHORITY

Patient's Name: _____

Address: _____

Date of Birth: _____

I request that you forward details of my medical treatment with you to the doctor mentioned above, who is now responsible for my ongoing care.

I authorise the doctor/practice named above to provide a copy or summary of my health records to:

I understand that a fee may be charged for the cost of providing access, or providing copies.

.....
Patient signature

..... / /
Date.