

Request for Access Form

Name of Applicant _____

Contact telephone number _____

What information would you like to access? Please specify.

Signed _____ Date _____

Please forward to:

The Privacy Officer
mecwacare
1287 Malvern Road, MALVERN Vic 3144
Telephone: (03) 8573 4888
Email: privacyofficer@mecwacare.org.au

Information in this form will be kept in the strictest confidence and only used and disclosed for the purpose of administering this request.

You may ask to see any information held on your health record. This may include viewing the information, getting a summary or in some cases a fuller copy of your record, or having information explained to you if you wish. We will respond to your request within 30 days. Some limits may apply where particular circumstances prevent us from releasing information. If any limits apply to your record, this will be explained to you.

You also have the right to correct any information in your record that you believe is incorrect, incomplete, out of date or misleading. You cannot ask that information held on your health record be removed, although you may ask that a correcting statement be added to it.

If an authorised representative is seeking access to information on behalf of a Resident or Client/ consumer written proof of the authority will need to be provided, e.g. a copy of Power of Attorney or Guardianship document.

For information on how you may request access and/or make a correction please speak with one of our staff.