NORTH MEDICAL

Existing Practice Name:

Existing Practice Address:

Existing Practice Phone:

Existing Doctor:

Dear Doctor,

Re: Patient Request for Access/Release of Personal Health Information

Patient's Name:

Address: Suburb:

Post Code: State: DOB:

The patient listed above requests that their entire medical treatment records are forwarded to North Medical for their ongoing care.

How we accept records

1. Best Practice (.xml file) transfer
2. Email under 8mb (info@northmed.com.au)
3. Encrypted file transfer (e.g. WeTransfer, Dropbox, Hightail)

Should you not be able to transfer digitally, please send a full copy of their record or an accurate summary to info@northmed.com.au or fax them to 9029 7878

Where appropriate, please provide a scanned copy of the following, completed table:

Assessment	Last Billed Date	Assessment	Last Billed Date
GPCCMP		Medication Review (HMR)	
Mental Health Care Plan		Cervical Screening Test	NA
Specialist Letters	NA	Relevant Health Assessments	
Other			

I request that you forward details of my health records to North Medical, who are now responsible for my ongoing care. I authorise the practice named above to receive my historic health records.

Please advise me in writing if administrative costs apply and is so provide a scale of fees.

Patient's Signature: Date:

702 Norman Street
Invermay Park, Vic, 3350
P 4344 4044 | f 9029 7878
www.northmed.com.au