

Patient Request for Access/Release of Personal Health Information

Dear Doctor/Practice: Yarriambiack Medical Clinic  
Address: Rural Northwest Health, Warracknabeal Campus  
18 Dimboola Road Warracknabeal 3393

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.

*Medical Objects Preferred* if not:

**\*\*Note:** We use Best Practice, please send via BP .xml format, via CD or USB if possible\*\*  
Where appropriate, could you please also provide is with a scanned copy of the following, completed table:

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

**PATIENT AUTHORITY**

Patient's Name .....

Patient's Address ..... Postcode .....

Date of Birth ...../...../..... Mobile/Phone Number.....

Medicare Card Number -- Person No  Expiry...../.....

Health Care Card Number..... Pension/DVA Card Number.....

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

...../...../20.....  
Patients Signature Date

**Please return or post when completed to Wheatfields Family Medical 51 Scott St Warracknabeal 3393 or email to [reception@wheatfieldsfamilymedical.com.au](mailto:reception@wheatfieldsfamilymedical.com.au)**