



**ACT**  
Government



## **APPLICATION FOR MEDICAL RECORDS**

***Please read this application carefully - do not sign the consent form if you cannot understand the information supplied or you do not agree with the terms of consent.***

### **About your Ambulance Patient Care Report documents, information, and other records.**

If you have been assessed, treated, or transported by the ACT Ambulance Service (ACTAS) or the Toll Helicopter, you can apply for a copy of your Patient Care Record (PCR) to be posted or emailed to you, another person or to an organisation. If you were not transported after ambulance treatment, it is still likely that a treatment record will be available. Please advise at the time of application if you will require any documentation other than your PCR.

All your records are protected by Privacy Legislation and documents cannot be released to any other person or organisation without your written permission. A court or police service may access your records (without your consent) if the court issues a subpoena, summons or search warrant for your documents. Electronic voice and telephone recordings that are determined to form part of your medical record can only be released to you directly and cannot be released to a third party other than by direction of a court order, search warrant, or where an exemption formed by the opinion of the Chief Officer due to legislative requirements.

### **Applying for your Ambulance record documents**

- All voluntary requests for patient records must be submitted on this application / consent form.
- If you are completing this application for your Solicitor or the Police – return the application to the Solicitor/Police and they will forward the form to the ACT Ambulance Service.
- There is a fee payable for conducting the search. Details of the scheduled fee can be found in the Health Records (Privacy and Access) (Fees) Determination 2021 (No1) made under the Health Records (Privacy and Access) Act 1997, s 34. And the Health (Fees) Determination 2021 (No 2) made under the Health Act 1993, S192 (Determination of Fees). If you require any further assistance, you can contact the ACT Ambulance Service during business hours on (02) 6207 8701 or email [ambulance@act.gov.au](mailto:ambulance@act.gov.au)
- **\*\*Patient Care Record searches are not based on names; rather they use the date, time, and location of the incident. Therefore, it is important that you supply accurate details about the incident.**
- **\*\*An application that is not completed in full or contains errors will be returned to you for correction – please ensure the application is accurately completed and signed.**

### **Identification Documents.**

The ACTAS has a duty of care to ensure that medical information is only released to the correct person or organisation. If you are applying for yourself, another person, for a solicitor, an organisation, deceased estate, as a guardian or parent, you will need to provide two forms of valid identification, which may include drivers license, Medicare card or passport.

### **How do I pay for the search?**

All requests will be invoiced *after* the search is completed. **Please do not send cheques with your application.** Payment is due within 30 days of invoice. Payment details will be outlined on your invoice.

### **Power of Attorney – Legal Guardian – Parents of children**

If you hold a Power of Attorney for a relative or someone else or, if you are a Parent or Legal Guardian, then you can access personal records by acting on behalf of that adult or under-age child. Please completed the application and be sure to sign your own name. *Please be sure to attach a photocopy of two forms of valid identification as listed above* and include a certified copy of the Power of Attorney document with this application.

### **Executor of a Deceased Estate**

If you are the Executor of a Deceased Estate, you can access the records by authority of the deceased patient's Will. Please fill out the application being sure to sign your own name and include a photocopy of the Will document. *Please be sure to attach a photocopy of two forms of valid identification as listed above.*

### **How long does a search take?**

The time for a search to be completed depends on the number of applications being processed and if the record is recent or it has been archived. In general, a search should be completed within 4-6 weeks, however if a record is required urgently, please contact ACT Ambulance Service to discuss the requirement.

### **Reference Number.**

Please quote the Ambulance reference number supplied in any correspondence. (E.g.,1342/19)

### **How can I get help with questions I may have?**

Contact the ACTAS by:

Mailing address: GPO Box 158 Canberra ACT 2601

Email: [ambulance@act.gov.au](mailto:ambulance@act.gov.au)

Phone: (02) 6207 8701

Fact Sheets on our website [www.ambulance.act.gov.au](http://www.ambulance.act.gov.au)

# ACT Ambulance Service

## APPLICATION & CONSENT TO RELEASE PERSONAL AND MEDICAL DOCUMENTATION

### 1. **\*\*Patient Details (one patient per form)**

Surname: ..... Title: Mr / Mrs / Ms

Other names: .....

Postal address: ..... Postcode: .....

Day-time telephone: ..... Mobile: .....

Email: .....

I agree to receive correspondence to the above email / mailing address. Please circle.

### 2. **\*\*Application for medical records**

Patient name: .....

Date of birth: .....

Date of incident: .....

Location of incident: .....

Reason for release of information (e.g.: personal records, investigation, civil case)  
.....

Applicant's signature: .....

Date: .....

### 3. **Requester (if different to patient)**

Name: .....

Service - Legal Representative / Parent / Spouse / Medical Practitioner / Power of Attorney /  
Legal Guardian / Insurance Agency / Other please specify:  
.....

{AFP Only} Promis Number: .....

Postal Address: .....

Email: .....

I agree to receive correspondence to the above email / mailing address. Please circle.

Requester's signature: .....

Date: .....

## ACT Ambulance Service

**Please read the following carefully:**

*I understand any health, personal or other information about me held by the ACT Ambulance Service is protected under the Health Records (Privacy and Access) Act 1997 or the Privacy Act 1998 and may not be disclosed to a third party without my express consent or court order or as otherwise required by law.*

*By signing this Consent, I authorise the release of that information on the terms herein and release the ACT Ambulance Service, the ACT Government and their agents to the full extent permitted by law from all claims, costs, damages, liabilities, and losses howsoever arising from the release or use of any information released pursuant to this Consent.*

*I understand that a fee is payable to the ACT Ambulance Service for each record search.*

**IMPORTANT CHECKLIST - Please tick either Yes or No to every question.**

I have included a photocopy of two valid identification documents (*Police Services exempt*)

Yes  No

I have included a photocopy of valid health care card (if applicable)

Yes  No

Are you signing as the parent of your child who is a minor?

Yes  No

Are you acting as the legal guardian of the patient?

Yes  No

Are you exercising your Power of Attorney for the patient (copy attached)?

Yes  No

Are you acting as the executor of a deceased estate (copy of will attached)?

Yes  No

*Ensure your identification documents include your name, address, and signature details and are clear & legible. If you are completing this form for a police service, then no photocopy of an ID is required as the Police Officer requesting the records will confirm your identity.*

