NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

Request for Personal Health Information

All completed forms to be sent to Release of Information to be actioned, please refer to the Requestor's Checklist.

A. Patient Details	
Patient Hospital Number (NHI):	
Family Name:	**Given Name:**
Previous Family Name:	Also Known As:
Gender: ☐ Male ☐ Female	
Date of Birth:	
Residential Address:	
Postal Address (if different from above):	
Phone Number (Home):	(Mobile):
Email Address: ___________	

Patient e-mail address for receipt of clinical correspondence
Please provide your e-mail address ONLY if you are happy for NDHB to use this method to send clinical correspondence to you, instead of via NZ Post. Please advise NDHB in writing immediately if your contact information changes. Please note: Information will be less secure when sent via e-mail.

B. Requestor Information (if you are not the patient)	
Requestor Name:	Date of Birth:
Postal Address:	
Phone Number (Home):	(Mobile):
Relationship to Patient / Authority for Requesting information:	

C. Information Required

Type of Information Required:
Purpose of visit: ___________ Date of visit___________

Please select from the boxes below:
☐ Discharge Summary ☐ Clinic Letters ☐ Radiology Reports ☐ Laboratory Reports
☐ Mental Health Notes ☐ Operation Notes ☐ Inpatient Notes

Any extra Information :___________
____
____
____

☐ Birth Notes (please include mother's details)

Mother's Full Name___________Mother's Date of Birth: ___/___/___

Date Information Required by: ___________ Urgent? ☐ Yes ☐ No

If this request is **Urgent** please state reason:___________
Every effort will be made to meet the requested time frame, but this will not always be possible. In accordance with the Privacy Act 1993 40 (1), we will respond to your request no later than 20 working days after date of receipt

D. Information Delivery Details

☐ To be collected in person (you will be asked for ID) ☐ Standard Post ☐ Fax (Urgent requests only)
☐ Email (only if address is supplied above)

Consent: I confirm that the details provided above are true and accurate.

Requestor Signature:___________ Date: ___________

Office use only

☐ ID Sighted by Print Name:___________ Type of ID: ___________Number: ___________
Signature: ___________ Department: ___________

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Requestor's Checklist

☐	Option 1: Are you the patient requesting a copy of your own information: - Complete and sign sections A,C and D on this form; and - Attach a copy of your photo ID (Drivers Licence / Passport)
☐	Option 2: If you are the representative (please see meaning below) requesting patient's health information: - Complete and sign sections A,B,C and D on this form; and - Attach evidence of representative status Power of Attorney and/or lawful authority; and - Attach a copy photo proof of your own ID to this form
☐	Option 3: If you are requesting a deceased patients health information: - Complete the **Request for a Deceased Persons Information form**

Representative means:

- A parent or legal guardian of a child **under 16** years of age;
- The Executor / Trustee or Administrator of the estate of a deceased person;
- Someone acting with lawful authority over a person's affairs, where the person is unconscious / incapable of doing so – such as Power of Attorney.

How to submit completed forms

Post all required documents to :	Email all documents to:	Our fax number is:
Release of Information Northland District Health Board Private Bag 9742 Whangarei 0148	Release.ofinformation@northlanddhb.org.nz	09) 470 0017

Privacy Act 1993

This Act provides individuals with two distinct advantages. It protects your privacy by protecting any personal information and it permits you to have access to your own personal information stored by other individuals or agencies. Northland District Health Board keenly supports both principles and we will do all we can to protect your health information and provide you with that information request.

To ensure privacy and access are protected, information will only be given on receipt of a completed Personal Health Information Request Form with accepted ID and authorisation where appropriate.

If you have any questions	If your request has been declined
If you have any difficulties or need some advice on your application please contact: Release of Information Telephone: 09 430 4101 Extension 7460 Email Release.ofinformation@northlanddhb.org.nz	If you are declined access you may contact the: Privacy Commissioner PO Box 466 Auckland Telephone: 09 302 8680