



Request for a Deceased Person's Information

All completed forms to be sent to Release of Information to be actioned

Northland District Health Board cannot release a deceased person's information unless it is being released to, or has been authorised by, the deceased person's representative.

The term representative means the Executor / Trustee or Administrator of the deceased person's estate.

The representative must also provide the following:

- A copy of the front page of the deceased patient's Will or Letters of Administration as proof that s/he is the deceased person's representative; and
- Photo proof of the representatives identity (e.g Drivers Licence)

This is not required where the representative is either acting in their professional capacity as a Barrister & Solicitor of the High Court of New Zealand or a Trustee Corporation.

A	I am the Executor / Trustee or Administrator of : _____ Date of Birth: _____ <p style="text-align: center;">(Print Deceased Person's Name) (Deceased persons Date of Birth)</p>
B	I authorise Northland District Health Board to Release the information as indicated to: _____ <p style="text-align: center;">(Print name of person the information is to be released to)</p>
C	Signature: _____ Name: _____ Address: _____ Telephone: Home: _____ Mobile: _____ Email Address: _____
D	<input type="checkbox"/> I attach a copy of the Will / Letters of Administration as proof that I am the deceased person's representative. <input type="checkbox"/> I attach a copy of photo ID as proof of my identity.

How to submit completed forms

Post all required documents to : Release of Information Northland District Health Board Private Bag 9742 Whangarei 0148	Email all documents to: Release.ofinformation@northlanddhb.org.nz	Our fax number is: 09) 470 0017
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Information Required	
Type of Information Required:	
Purpose of visit: _____	Date of visit _____
Please select from the boxes below:	
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Clinic Letters
<input type="checkbox"/> Mental Health Notes	<input type="checkbox"/> Operation Notes
<input type="checkbox"/> Radiology Reports	<input type="checkbox"/> Laboratory Reports
<input type="checkbox"/> Inpatient Notes	
Any extra Information : _____	

Date Information Required: _____	Urgent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this request is Urgent please state reason: _____	
<i>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</i>	

Information Delivery Details	
<input type="checkbox"/> To be collected in person (you will be asked for ID) <input type="checkbox"/> Standard Post <input type="checkbox"/> Email <input type="checkbox"/> Fax (Urgent requests only)	
Patient e-mail address for receipt of clinical correspondence	
<i>Please provide your e-mail address <u>ONLY</u> 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.</i>	
Office use only	
<input type="checkbox"/> ID Sighted by Print Name: _____	Type of ID: _____ Number: _____
Signature: _____	Department: _____

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@northlanddhub.org.nz	If you are declined access you may contact the: Privacy Commissioner PO Box 466 Auckland Telephone: 09 302 8680