

TRANSFER OF MEDICAL RECORDS FORM

We prefer records to be sent using: Medical Objects OR MD exchange

Please note: we do NOT accept records on disc or USB

Date: _____

To: Doctor: _____

Address: _____

Phone: _____ Fax: _____

I hereby give written permission for release of my medical records to **Total Health Medical Centre**

Surname	Given Names	Sex	Date of Birth	Signature

Please note that all patients over 16 years of age MUST sign to authorize transfer of their medical records. If you require any further information please speak with one of our receptionists or managers

Guardian's Name and Signature (If required) **Name:**

Signature:

As we are a paperless clinic, please forward a copy of the above named patient's medical history and or any relevant information which may assist with the ongoing care of the patient.

Health Information Requested:

Complete Record Health Summary Medication Summary

Correspondence – Please specify _____

When sending Pathology results please advise the name of the facility used so that we can download these results direct: QML Pathology S&N Pathology Other _____

Please advise if the following item numbers are in place and the date which they were last billed:

721 Date last billed:	2517 Date last billed:
723 Date last billed:	2715 Date last billed:
732 Date last billed:	715 Date last billed:

Doctor requesting information:

<input type="checkbox"/> Dr Peter Smith	<input type="checkbox"/> Dr Cornelia Krasser
<input type="checkbox"/> Dr Madoc Schlencker	<input type="checkbox"/> Dr Chris Edwards
<input type="checkbox"/> Dr Anqi Su	<input type="checkbox"/> Dr May Lin
<input type="checkbox"/> Dr Thomas Koroma	<input type="checkbox"/> Dr Tina Oteng
<input type="checkbox"/> Dr Sarah Smith	
<input type="checkbox"/> Dr Thomas Lieu	
<input type="checkbox"/> Dr Kellie West	

Section 63 of the *Health Services Act* (1991) states that patient information may only be divulged to another health care provider if that person is directly involved in the care of the patient. Information provided where the patient is unable to consent (for example in a case of an emergency or if the patient is unconscious) will be justified on the basis of implied consent or necessity. In 000 emergency situations where a person is fully conscious and able to consent, release of patient information without signed consent may amount to a breach of confidentiality.