



TRANSFER OF MEDICAL RECORDS FORM

We prefer records to be sent by Medical Objects - We do NOT accept records on disc or USB

Doctor's Name: _____ Date of Request: _____

Practice Name: _____

Practice Address: _____

Practice Phone: _____ Practice Fax: _____

Practice Email: _____

*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: _____

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: ☐ Health Summary ☐ Medication Summary ☐ Complete Record
☐ Correspondence – Please specify _____

When sending Pathology please advise the name of the facility used so that we can download these 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: _____	723 Date last billed: _____	732 Date last billed: _____
2517 Date last billed: _____	2715 Date last billed: _____	715 Date last billed: _____

Requesting Doctor:

<input type="checkbox"/> Dr Peter Smith	<input type="checkbox"/> Dr Cornelia Krasser	<input type="checkbox"/> Dr Sarah Smith	<input type="checkbox"/> Dr Chris Edwards
<input type="checkbox"/> Dr Kellie West	<input type="checkbox"/> Dr Ela Azimi	<input type="checkbox"/> Dr Ana Gholami	<input type="checkbox"/> Dr Hanieh Najafi
<input type="checkbox"/> Dr Aygin Sehat Nezhad	<input type="checkbox"/> Dr Emma Fancett	<input type="checkbox"/> Dr Anna Vanderstaay	<input type="checkbox"/> Dr Soroor Ossivand

U11 1 Swordfish Avenue Taranganba Q 4703
Ph: 07 4939 1888 Fx: 07 4939 1433

20 Pattison Street Emu Park Q 4710
Ph: 07 4807 6510 Fx: 07 4910 5237

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