Total Health Medical Centre
ABN: 18 688 175 528
www.totalhealthmedical.com.au
admin@thmc.com.au

TRANSFER OF MEDICAL RECORDS FORM

We prefer records to be sent using: Medical Objects
Please note: we do NOT accept records on disc or USB

Doctor: _____
Practice: _____
Address: _____
Phone: _____

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

Date:_____

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 Manager.				
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: ☐ Health Summary ☐ Medication Summary ☐ Complete record

☐ Correspondence – Please .....

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 .....

Doctor requesting information:

☐ Dr Peter Smith
☐ Dr Cornelia Krasser
☐ Dr Chris Edwards
☐ Dr Sarah Smith
☐ Dr Ela Azimi
☐ Dr Anahita Gholami
☐ Dr Hanieh Najafi
☐ Dr Aygin Sehat Nezhad
☐ Dr Nigel Catzikiris
☐ Dr Anna Vanderstaay
☐ Dr Emma Fancett

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