



**ACT**  
Government



**APPLICATION FOR CASE DOCUMENTATION**  
**WITH**  
**CONSENT TO RELEASE PERSONAL AND MEDICAL INFORMATION**

***Please read this application carefully - do not sign the consent form if you cannot understand the information supplied or you do not agree with the terms of consent.***

**About your Ambulance Patient Care Report documents, information and other records.**

If you have been assessed, treated or transported by the ACT Ambulance Service or the Southcare Helicopter Service, you can apply for a copy of your Patient Care Report (PCR) to be posted to you, another person or to an organisation. If you were not transported after ambulance treatment, it is still likely that a treatment record will be available. For a case where you have been treated by two or more ambulance crews, there may be several PCR's. Other documentation that is directly relevant to your case record will be supplied with your PCR. Please advise at the time of application if you will require any documentation other than your PCR.

All of your records are protected by Privacy legislation and documents cannot be released to any other person or organisation without your written permission. A court or police service may access your records (without your consent) if the court issues a subpoena, summons or search warrant for your documents. *Electronic voice and telephone recordings that are determined to form part of your medical record can only be released to you directly and cannot be released to a third party other than by direction of a court order, search warrant, or where an exemption formed by the opinion of the Chief Officer due to legislative requirements exists.*

**Applying for your Ambulance record documents**

- All voluntary requests for patient records must be submitted on this application/consent form.
- If you are completing this application for your solicitor or the Police – return the application to the solicitor/Police and they will forward the form to the ACT Ambulance Service.
- The fee is payable for conducting the search. If the search is unsuccessful, you will be advised by mail and payment is still required.
- Details of the scheduled fee can found in the Health Records (Privacy and Access) (Fees) Determination 2018 (No1) made under the Health Records (Privacy and Access) Act 1997, s 34. And the Health (Fees) Determination 2018 (No 1) made under the Health Act 1993, s 192 (Determination of Fees). If you require any further assistance you can contact the ACT Ambulance Service during business hours on (02) 6207 8701 or email [ambulance@act.gov.au](mailto:ambulance@act.gov.au)
- PCR searches are not based on names; rather they use the date, time and location of the incident. Therefore, it is important that you supply accurate details about the incident.
- An application that is not completed in full or contains errors will be returned to you for correction – please ensure the application is accurately completed and signed.

**You will need to provide Proof of your Identity.**

The ACT Ambulance Service has a duty of care to ensure that medical information is only released to the correct person or organisation. If you are applying for yourself, another person, for a solicitor, an organisation, deceased estate, as a guardian or parent, you will need to include photographic proof of your identity.

**IMPORTANT** Please attach a photocopy of one of either a Drivers License or State/Territory ID card or Passport.

### **What is the fee payable to conduct a search?**

The fee is set by the ACT Government. The Health Records (Privacy and Access) (Fees) Determination is notified under the Legislation Act 2001. To enquire about the current fee for a search, please phone (02) 6207 8701 during business hours or use the contact details shown at the bottom of the page.

### **How do I pay for the search?**

All requests will be invoiced after the search is completed. Payment is due within 30 days of invoice. Payment can be made directly or by cheque or Money Order (made out to the ACT Ambulance Service) and mailed to GPO Box 158, Canberra City ACT 2601.

*Please note: If you are the patient and you are completing the form for the Police, your legal / insurance representatives or another organisation – the application should be returned by the representative person or organisation to the ACT Ambulance Service. If an application is submitted by the patient, then the patient will be charged for the search.*

### **Power of Attorney – Legal Guardian – Parents of children**

If you hold a Power of Attorney for a relative or someone else, if you are a parent or Legal Guardian, then you are able to access personal records by acting on behalf of that adult or under-age child. Please fill out the application and be sure to sign your own name.

Please attach a photocopy of one of either your *Driver's License* or *State/Territory ID card* or *Passport* as outlined in the Proof of Identity section above. If you hold a Power of Attorney for another person, please include a certified copy of the Power of Attorney document with this application.

### **Executor of a Deceased Estate**

If you are the Executor of a Deceased Estate, you are able to access the records by authority of the deceased patient's Will. Please fill out the application being sure to sign your own name and include a photocopy of the Will document.

*Please be sure to attach a photocopy of one of either your:*

*Drivers License or State/Territory ID card or Passport as outlined in Proof of Identity.*

### **How long does a search take?**

The time for a search to be completed depends on the number of applications being processed and if the record is recent or it has been archived. In general, a search should be completed within 4-6 weeks, however if a record is required urgently please contact ACT Ambulance Service to discuss the requirement.

### **Reference Number.**

Please quote the Ambulance reference number supplied in any correspondence. (E.g. 1342/17)

### **How can I get help with questions I may have?**

Contact the ACT Ambulance service by mail, telephone, fax or email as shown below. Extra copies of this form are available in Fact Sheets on our website [www.ambulance.act.gov.au](http://www.ambulance.act.gov.au)

### **ACT Ambulance Service Contact**

Contact the ACT Ambulance service via mail at GPO Box 158 Canberra ACT 2601 via email at [ambulance@act.gov.au](mailto:ambulance@act.gov.au) or via telephone at (02) 6207 8701.

## ACT Ambulance Service APPLICATION & CONSENT TO RELEASE PERSONAL AND MEDICAL DOCUMENTATION

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**PATIENT DETAILS – PLEASE PRINT**

Ambulance Patient - full name
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Ambulance Patient - home address
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Ambulance Patient - Date of Birth	Business Hours phone number
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*I hereby consent to the release of personal and medical information about me held by the  
ACT Ambulance Service and to be delivered to the following person or organisation;*

Name of the person the records will be delivered to - or if the patient, write "patient"	Business Hours Phone Number
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**If the person receiving the record is not the patient - describe their relationship by choosing one of the options:**

- Legal representative   
  Parent   
  Spouse   
  Partner   
  Medical Practitioner   
  Power of Attorney  
 Police Officer (**Please supply an AFP Promis #**)   
  Executor   
  Legal Guardian   
  Insurance Investigator  
 Other .....

Name Police Service/ legal firm / department / agency for delivery of records (if applicable)
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<u>Street address</u> of the other person / firm / department / agency (Postal address is on next page)
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*for the purposes of :*

Reason for release of information (e.g. civil case, investigation, personal records etc)
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**INCIDENT DETAILS**

Date of incident	approximate time of incident
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Nature or description of incident
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Detailed Location of Incident
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**\*\*\* Patient please sign and date this page - then continue on to complete and sign the next page ⇨**

Signed	Date
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**ACT Ambulance Service**  
**CONSENT TO RELEASE PERSONAL AND MEDICAL INFORMATION**

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Please write the **name and postal address** for delivery of record documents

Name of requesting agency / solicitor / officer or the "applicant"	Business Hours Phone Number
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Postal address (and email address if applicable)

**Please read the following carefully:**

*I understand any health, personal or other information about me held by the ACT Ambulance Service is protected under the Health Records (Privacy and Access) Act 1997 or the Privacy Act 1998 and may not be disclosed to a third party without my express consent or court order or as otherwise required by law.*

*By signing this Consent, I authorise the release of that information on the terms herein and release the ACT Ambulance Service, the ACT Government and their agents to the full extent permitted by law from all claims, costs, damages, liabilities and losses howsoever arising from the release or use of any information released pursuant to this Consent.*

*I understand that a fee is payable to the ACT Ambulance Service for each record search.*

**IMPORTANT CHECKLIST - Please tick either Yes or No to every question.**

- I have included a photocopy of an identification document (Police Services exempt)  Yes  No
- I have included a photocopy of valid health care card (if applicable)  Yes  No
- Are you signing as the parent of your child who is a minor?  Yes  No
- Are you acting as the legal guardian of the patient?  Yes  No
- Are you exercising your Power of Attorney for the patient (copy attached)?  Yes  No
- Are you acting as the executor of a deceased estate (copy of will attached)?  Yes  No

*Ensure your photograph, your name, address and signature details are clear & legible. If you are completing this form for a police service then no photocopy of an ID is required as the Police Officer requesting the records will confirm your identity.*

**IMPORTANT – SIGN, DATE & WITNESS**

<i>Signature of Patient or executor of estate</i>	<i>Business hours phone number</i>	<i>Date</i>
<i>Signature of Witness</i>	<i>Print Name of Witness</i>	<i>Date</i>

**\*\*\* NOTE \*\*\***

**The search process relies on the accuracy of the incident details supplied.**

*Record searches are not based on names –an incorrect date, time or location may result in an unsuccessful search for which a search fee will be charged.*