



Release of Medical Information

Patient Name

Date of Birth

Address

.....

Patients Signature..... Date / /

Name: (if different to the patient).....

Relationship to the patient

Previous Provider Details

Provider Name/Hospital/Practice:

.....

Phone..... Fax.....

Urgency of request

Urgent Next Day

Non-Urgent

(within 5 business days)

Please post a CD, fax or use secure electronic encryption to send the medical records to:

Northside Clinic

Attention:.....

370 St Georges Road Fitzroy North VIC 3068

Fax 03 9486-5718

Please Note: If you are sending via CD we can only accept PDF or XML Format.

Northside Clinic endeavours to comply with the Health records Act 2001 and other relevant legislation when handling health information. The health information enclosed is being provided to your service on the understanding that it is to be used for its primary purpose or for a directly related secondary purpose. Disclosure of this health information to your service imposes on you an obligation to treat this information confidentially and in accordance with legislative requirements of the Health Records Act 2001, Privacy Act and Information Privacy Act 2000