

Title **Access to Information**

Department Corporate Services

FORM

Approved by General Manager - Operations



MannaCare
WIDER CHOICES FOR OLDER PEOPLE

To: The Privacy Officer
 MannaCare Inc

Tel: 1300 90 20 23

Email: contact@mannacare.org.au

Applicant details

Name of client's file to be accessed:
Name of person requesting info:
Relationship to client:
Are you an authorised representative? (NOK/POA/Guardian) <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:
Telephone: (H) (M) Email address:

Details of request

Reason for request:

I wish to request access to:

- Personal information held by MannaCare Inc.
- Health information held by MannaCare Inc.

Specify:

I would prefer access to the provided information in the following manner:

- Viewing
- Photocopy or printout

I would like an explanation of the contents of the record of information Yes No

Agreement

I understand that the information provided in this form will be used only for the purpose of assessing and processing this request for access.

I agree to pay any fee which may be lawfully charged for providing access and/or receiving and explanation for the contents of the record of information.

I understand that access may be withheld until payment of any lawful fee charged is received.

I consent to provide further information if this is deemed necessary for the purpose of properly verifying my identity and my right to access the information requested on this form.

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Signed:

Date:

Name:

Office use only:

Privacy Officer authorised request Yes No

If No, provide feedback.

Name:

Date:

Consent gained from all parties prior to release of information (where applicable e.g. CCTV footage)

Yes No N/A

Date records released:

Name of staff who released the records: Fee paid Yes No N/A

This form is to be filed in the client's record.