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|---|---|---|
| **Title** | **Access to Information** | |
| **Department** | Corporate Services | FORM |
| **Approved by** | Quality Manager | |


To: The Privacy Officer
MannaCare Inc

Tel: 1300 90 20 23

Email: contact@mannacare.org.au

## Applicant details

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| **Name of client's file to be accessed:** |
| **Name of person requesting info:** |
| **Relationship to client:** |
| **Are you an authorised representative? (NOK/POA/Guardian)** ☐ **Yes** ☐ **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.

Signed: Date:

Name:

Office use only:

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|---|
| Privacy Officer authorised request ☐ Yes ☐ No<br>If No, provide feedback.<br><br>Name: Date: |
| Consent gained from all parties prior to release of information (where applicable e.g. CCTV footage)<br>☐ Yes ☐ No ☐N/A |
| Date records released:<br><br>Name of staff who released the records: Fee paid ☐ Yes ☐ No ☐N/A |
| This form is to be filed in the client's record. |