

Health Records Declaration

knox your city



I declare that the information given by me is correct and that to the best of my knowledge I am entitled to make this application for access to Health Information as prescribed under the Health Records Act 2001 (you can tick one or more of the boxes if they apply to you):

- I am the Client / Patient or client/patient's representative stated below.
- I have been duly authorised to act by the Client / Patient and have attached evidence of written authorisation.
- I have parental responsibility for the Client / Patient who is a minor and incapable of understanding the nature of this request.
- There are no other persons with parental responsibility for the child/ren that would / might object to this request.
- There are no current court orders in force in relation to the child/ren that are relevant to this request.
- There are current court orders in force in relation to the child/ren that are relevant to this request and a copy has been provided.

Name:

Signature:

Seeking records on behalf of the following child/ren:

Date:

