

To obtain patient information from Canopy Cancer Care please complete the following request form.

Please Note: To ensure privacy and protection of clinical information, requests will only be actioned on receipt of a completed form, with the accepted proof of ID and authorisation.

| | |
|---|----------------|
| Patients details – records to be accessed | |
| Surname / Family name: | |
| Full given name: | |
| Date of Birth: | NHI Number : |
| Full residential address: | |
| Home number: | Mobile number: |

| | |
|---|----------------|
| Requestor's details – (If different from above) | |
| Surname / Family name: | |
| Full given name: | |
| Date of Birth: | |
| Full residential address: | |
| Home number: | Mobile number: |
| Email address: | |

If you are requesting information that is not your own you need signed authority from the patient concerned and provide proof of your identity.

Clinical information regarding a deceased patient will ONLY be disclosed to the deceased patient's legally appointed representative.

Proof of identity

Proof of identity is required for ALL types of access.

The following documents are acceptable as proof of identity.

- Driving license
- Passport
- Birth certificate

Consent

1. Individual patient request of copy of own clinical notes

I wish to receive copies of my clinical records.

I have attached a copy of my identification.

Signature:

Date:

2. Representative request for copy of patient's clinical notes authorisation (on behalf of another person)

I hereby authorise Canopy Cancer Care to release my clinical records to:

(Enter the name of the person acting on your behalf)

To whom I have given my consent to act on my behalf I have attached a copy of my identification.

I have attached a copy of my representative's identification.

Signature:

Date:

3. Request for a copy of deceased patients clinical notes

I am the deceased patient's legally appointed representative. I have attached confirmation of my appointment (Grant of Probate, Letter of Administration, Power of Attorney or the patient's Will).

I have also attached my identification.

Signature:

Date:

Please post or email completed form with all required attachments to:

Emma Moore
Clinical Services Manager
Canopy Cancer Care
98 Mountain Rd
Epsom, Auckland, 1023

emma.moore@canopycancercare.co.nz

The turnaround time for processing this request is five working days from receipt of the completed form and supporting documentation. The requested information will be emailed to you.

Please tick to confirm that you are happy to have the requested information emailed directly to you.