

APPLICATION FOR RELEASE OF MEDICAL RECORDS

I (full name) of (address)
....., born on the (date of birth) , authorise the release
of my medical records for the purpose of
.....

I understand that practitioner approval must be granted to do this and therefore the
application may take up to four working weeks from the date of submission of this form.

Signed Dated

----- (administration to complete below only) -----

Olympic Park Practitioners

An application has been received from the above patient to have their records released.

Please sign below and return to the Privacy Officer to authorise release of documents in order for the
clinic to follow the guidelines as per the Privacy Act 1988 (Commonwealth).

Practitioner(s):

Signature(s):
.....

Date received:

Date released: