Office Use Only: Date Request Received

pathlab

Release of Personal Health Information Request Form

Please ensure all sections of this form are completed in full and provide the required supporting documentation so your application can be processed.

Patient Details – person whose records are to be accessed			
Surname/Family Name		Given names:	
Date of Birth		NHI Number: (if known)	
Also known as/other/ previous names:			
Residential Address:			
Postal Address (if different):			
Mobile number:		Phone number:	
Email Address:			

Requestors Details – complete if requesting someone else's records			
Requested by (full name):			
Relationship to Patient:			
Mobile number:		Phone number:	
Postal Address:			
Email Address:			

Basis for Request (select ONE):	Supporting Document(s) Required
☐ I am the patient requesting my own information	☐ Photo identity (for example, Driver Licence, Passport)
☐ I am the parent/legal guardian of the child who is under 16 years of age	☐ Photo identity (proof of relationship will be required) ☐ Are there any current Court Orders in place in relation to this child? If yes please provide us with a copy
☐ I have signed consent from the patient	☐ Signed consent by Patient and Photo identity of Patient ☐ Photo identity of Requestor **Patient Signature:**
☐ Other agency request with authorisation already collected/signed consent	☐ Copy of signed documentation authorising release of specified information, or consent signed by Patient **Patient Signature:**
☐ I have lawful authority over the patient's affairs	☐ Photo identity and copy of lawful authority (for example, activated EPOA or PPPR)
☐ I have authority as, or consent from, the Executor/Administrator of the deceased estate	☐ Photo identity and copy of relevant page from the Will or Letter of Administration.
☐ Other – please provide details:	

Signature of person who will be receiving the information Please read REQUESTING HEALTH INFORMATION FACT SHEET before signing form			
Name			
Signature		**Date:**	

Urgent Request – detail of why an urgent request is required	
DATE required by (ASAP not accepted):	
REASON for urgency*:	

*Every effort will be made to meet required timeframes, but this may not always be possible. In accordance with the Privacy Act 2020, we will respond to your request no later than 20 working days after date of receipt.

Date Range of Information Required	
☐ Sample collection date (e.g. 1-10 June 2020) Date:	☐ Date range (e.g. Feb to Jun 2020) Date Range:

Information Requested: select the categories of information required for	
PATIENT NAME:	
☐ Test results, e.g. Bloods (please specify):	

Delivery Details - results will only be reported via verified email address
Email results to:

Returning Completed Form Options
Please return this completed, signed form, together with copies of the required supporting documentation, to **resultsrequest@pathlab.co.nz**. If you require assistance or have any questions about completing this request form, please contact us by email at **resultsrequest@pathlab.co.nz**.

Office Use Only (complete where applicable)					
Date request received		Staff member who received			
Photo ID verified	☐ Yes	**OR** Security questions answered		☐ Yes	
Form of ID used to verify		ID Expiry Date			
Contact required before commencing process:	☐ Yes ☐ No	Reason if Yes			
Name of staff member who compiled request:					
All documents checked to ensure are for correct patient:	☐ Yes ☐ No	No. of pages sent			
File Uploaded to Patient Record?	☐ Yes ☐ No				
Release Authorised by		Date:			
Contact required before dispatch of documents:	☐ Yes ☐ No	Reason if Yes			

IF Request declined:	☐ In Full ☐ In Part	Decision made by:	
Reason:			
How Requestor advised of decline	☐ By Phone ☐ Email		

REQUESTING HEALTH INFORMATION FACT SHEET

(please retain for your information)

You may request access to your own health records or submit a request on behalf of another person where you are authorised to do so. Please note that it may take up to **20 working days** for Pathlab to process and respond to your request. If you require access to your health information, we recommend that you first contact the healthcare provider who requested your laboratory tests or access the results portal used by your healthcare provider, where available. This is often the quickest way to obtain your laboratory results.

Requesting your own personal health information?

1 The request must be in writing by completing a Release of Personal Health Information Request Form.

2 Please include as much detail as possible regarding the information you require, including relevant dates. If you are specific about the information you want, we can respond more quickly to your request.

3 **All requests must be accompanied by proof of identification.** To protect the privacy of your personal information we need you to provide proof of your identity. Preferred identification includes a photo and signature (for example driver's licence or passport). If you are unable to provide this, please let us know as soon as possible so an alternative can be arranged.

Requesting health information for a child, relative, friend or deceased relative?

Additional proof will be required for the following requests.

A Child:	As above in 1-3. **PLUS** - Proof of relationship to the child may be required, for example Birth Certificate. **Note:** If the request is for a family member who is **not** a dependant (being a person up to and including 16 years of age) then consent from that person may be required.
Relative or Friend:	As above in 1-3. **PLUS** - consent from the patient or a copy of the EPOA/PPPR (if applicable).
Deceased Relative:	As above in 1-3 **PLUS** - consent from the Executor/Administrator (if not self). **PLUS** - a copy of the relevant page from the Will or Letter of Administration. **Note**: If there is no Will, a decision on whether to provide access to the records will be made on a case-by-case basis.

How long does it take?

It may take up to 20 working days for us to respond to your request, however, all efforts are made to process all requests as quickly as possible. Incomplete applications may delay the processing of your request. If your request is urgent, you **must** provide a reason for the urgency and the timeframe within which you require the information, and all efforts will be made to meet this timeframe.

If we are unable to meet the 20 day timeframe, we will be in contact with you.

Declined Requests

In some circumstances we may decline part, or all of a request for health information. We will let you know why. You do have the right of review of such a decision and can do this by contacting the Privacy Commissioner.

REQUESTING HEALTH INFORMATION FACT SHEET (continued)

Retention and Disposal of Information

Under the Health (Retention of Health Information) Regulations 1996 and Public Records Act 2005, depending on the type of health information, the minimum retention period of health information could be 10 to 20 years from the day after the most recent date which an individual was provided services from a provider.

Once the required retention period has passed, rule 9 of the Health Information Privacy Code 2020 says that health information should be disposed of, securely, unless the health agency has a lawful purpose to retain it.

Correcting Information

If you think the information we have provided to you is inaccurate, you are entitled to ask for it to be corrected. Contact our team via email **resultsrequest@pathlab.co.nz** to further discuss this.

Need help with your request?

If you have any questions about any of the information above, please contact **resultsrequest@pathlab.co.nz**.

Privacy Commissioner

Should you be dissatisfied with the information provided to you, a complaint can be raised with the Office of the Privacy Commissioner. Please visit their website https://privacy.org.nz/your-rights/resolving-privacy-issues/ for more information.

This form and subsequent information are subject to the provisions of the Privacy Act 2020, Health Information Privacy Code 2020 and/or Official Information Act 1982.