PHG on Ruby - 53 Ruby St, Emerald 4720
Emerald Surgery – 46 Ruby St, Emerald 4720
PH: (07) 4910 7800 | Fax: (07) 3040 4434
E: myGP@priorityhealthgroup.com.au
www.priorityhealthgroup.com.au | www.dermdoctor.com.au

Request for Personal Health Information

1 (a) Patient Details (please print in block letters)	
Surname:	**Date of birth:**
Given name(s):	
Address:	

1 (b) Applicant	
Applicant name: (if not the patient)	**Relationship** (to patient):

2. Health Information Requested (please tick)

	Method	Practice Fee
☐	Full Record (electronic-encrypted USB-patient to collect from practice)	$50
☐	Full Record (paper based)	Up to 100 pages $50, Over 100 pages practice to quote
☐	Specific Information Request. Please Specify:	Dependent on the information requested- practice to quote
☐	Shared Health Summary-eHealth Upload	Free
☐	Patient Summary- patient to collect	Free
☐	Patient Summary- encrypted PDF/ fax	$25
☐	Secure Courier Transfer	Patient to arrange

- Information requests can be collected from reception or secure courier at your cost.
  We do not encourage emailing personal health information.

- Privacy requirements allow the doctor in certain circumstances to restrict the release of medical records.

Signature of Applicant:	**Date:**

PHG on Ruby - 53 Ruby St, Emerald 4720
Emerald Surgery – 46 Ruby St, Emerald 4720
PH: (07) 4910 7800 | Fax: (07) 3040 4434
E: myGP@priorityhealthgroup.com.au
www.priorityhealthgroup.com.au | www.dermdoctor.com.au

Office Use Only			
☐	Date request received:		
☐	Acknowledgement date:		
☐	Identification verified known to staff. License, passport or other:		
☐	Appointment made with doctor?	☐ Yes ☐ No Date: Time:	
☐	Patient to collect	Expected date:	
☐	Doctor advised prior to release		
☐	Noted in patient record		
☐	Record checked & ready for patient		
☐	Data removed or deleted	☐ Yes ☐ No	
☐	Method of access:	☐ View/View ☐ Dr / copy ☐ Collect/Copy ☐ Send	
☐	Fee Charged?	☐ Yes ☐ No Amount: $ (*excluding GST*)	
☐	Access process complete (record viewed/sent)	Date:	