

## **REQUEST TO DR FOR TRANSFER OF RECORDS**

The new Privacy Act came into play on the 21st December 2001. It requires patient information to be reviewed and checked by a doctor before any release of information. This has consequently increased the costs of provision of health summaries since a doctor must review and update all patient notes, results, specialist letters before release and we have had to introduce a charge to cover these increased administration costs. The Privacy Act permits this charge. This process cannot be done by non medical staff due to the greater complexity and legal responsibility the Privacy Act has now introduced.

Requests for medical information are now handled in one of the following ways:

**Option 1:**

A reviewed and updated personal health summary which lists all relevant health issues, current medications, relevant past history, allergies, family history, with copies of important specialist's letters and X-Ray reports and important pathology results. (\$40 to cover admin and handling).

The \$40 admin fee is similar to the Freedom of information fee the Government charges for release of information (\$55). Our fee does not cover the full cost of providing this service, but doctors have reduced their fee to make this more accessible to patients.

**Option 2:**

If you request a copy of full notes – it can be time consuming and expensive for doctors to have to comply with the Privacy Act in reading and checking every entry, every letter, every result etc. These requests for full records are more complex and time consuming thus are much more expensive to do. We will quote on each case individually (Minimum fee usually around \$150 for an average file).

### **AFTER CHOOSING your Option if records going to you and not a Dr:**

Please book a Telehealth appointment for the Dr to confirm your identity and to go through your records with you and a copy of your records prepared for you. This allows the Drs to be sure they can comply with the privacy act and ensure the record is complete and to advise you of all important follow up due for you in the near future in case you will not be seeing a Dr for a while. The booking will ask for a CC preauthorization for a higher amount but the Dr will charge rebate only if the \$40 admin fee is paid already.

In accordance with the new Privacy Act recommendations, these requests will be attended within a maximum of 30 days of receipt of your return letter stating your preference on which of the above options you prefer along with your payment if no phone appt is booked.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Option 1:** I understand there is a \$40 fee to cover your admin costs. Please prepare a summary with additions of specialist letters and important results as in option 1

I accept any confidentiality risks in sending them via email and have ensured the practice has my up to date email or Drs contacts. Please send a good photocopy of your picture ID with a signature showing and the signed release below so we can match your signature. This is to protect your privacy.

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**Option 2:** Please prepare a full copy of notes as in option 2. I will be responsible for the charge of \$ (Ring surgery for quote if this option is required average \$150. The information will be sent on payment of the fee. If you choose this option, please arrange payment with your request). I accept any confidentiality risks in sending them via email and have ensured the practice has my up to date email or Drs contacts. Please send a good photocopy of your picture ID with a signature showing and the signed release below so we can match your signature. This is to protect your privacy.

Lower Level Manor Apartments  
289 Queen Street, Brisbane Qld 4000

Ph: 07 3221 3366 Fax: 07 3221 3082  
[reception@brisbanecitydoctors.com.au](mailto:reception@brisbanecitydoctors.com.au)

**Option 3 DR PREFERRED OPTION (AS THIS PROVIDES THE HIGHEST QUALITY CARE FOR SAFE HANDOVER**

I will pay the \$40 admin fee for option 1 and book an appointment to go through my records with the GP and they will arrange a copy of the records after they have checked them with me. Please call us on (+61) (0) 7 3221 3366 if overseas or 07 32213366 local number and ask for a transfer of records appointment or book online a phone appointment and list in reason for appt it's a records request transfer appt(or there is a specific appointment labelled this). Drs will bill rebate only for this fee when the \$40admin fee has been paid. (the appt may ask for CC preauth higher than that but its not charged until Dr advises billing and they will charge rebate only if the admin fee is already paid

Could you tell us why you are transferring care?

Were you unhappy with your care?

Would you like to give any feedback:

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Signed: \_\_\_\_\_ Name (printed): \_\_\_\_\_ Date \_\_\_\_\_

**I accept limitations of email for privacy and security and please mail full record to my doctor:**

**DOCTORS NAME :** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize a one time debit to your credit card listed below.

By signing this form you give permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

#### Please complete the information below:

I \_\_\_\_\_ authorize a charge to my credit card account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_.  
This payment is for transfer of records administrative fee.

Billing Address \_\_\_\_\_

\_\_\_\_\_

City, State, Post Code \_\_\_\_\_

Account Type:	Visa	MasterCard
Cardholder Name	_____	
Card Number	_____	
Expiration Date	_____	CVC _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize a charge to the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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