



REGARDING REQUEST FOR TRANSFER OF RECORDS

The new Privacy Act came into play on the 21st December 2001 (129 pages of information and recommendations). It requires patient information to be reviewed and checked by a doctor before any release of information. This has consequently increased our 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 the increased administration costs. The Privacy Act permits this charge. This process cannot be done by reception 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 (\$40 to cover doctor time/staff time/registered postage and handling) with copies of important specialist's letters and X-Ray reports and important pathology results. Your new doctor can request all copies of your results from the pathology labs themselves and letters from the specialists themselves as well. Please pick up any of your X-Rays left at the practice. There is an extra \$10 fee for postage and handling of these. The \$40 admin fee is similar to the Freedom of information fee the Government charges for release of information. In fact, the Government charges more, they also charge a search and retrieval fee of a minimum \$45. 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 \$100 for an average file).

Option 3:

Alternatively, you can book a 20-minute appointment with your GP here to go through your records with you. This appointment will be bulk-billed and a copy of your records prepared for you to take with you at the end of the appointment.

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.



Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Option 1: I have enclosed the \$40 fee to cover your costs. Please prepare a summary as in option 1 above and forward to my doctor. Please fill in doctor name, address and phone number below. Please send a good photocopy of your picture ID so we can ascertain your signature is yours. This is to protect your privacy. I understand these records will be posted using registered post in accordance with a 2008 ruling by the Privacy Commissioner.

Option 2: Please prepare a full copy of notes, health summary, results, specialist letters, and X-Ray as in option 2. I will be responsible for the charge of \$_____ (Ring surgery for quote if this option is required. The information will be sent on payment of the fee. If you choose this option, please enclose payment with your request). Please send a good photocopy of your picture ID so we can ascertain your signature is yours. This is to protect your privacy. I understand these records will be posted using registered post in accordance with a 2008 ruling by the Privacy Commissioner.

Option 3: I would like to book an appointment to go through my records with the GP and take a copy of my records with me at the end of the consultation. Please call us on 3221 3366 and ask for a transfer of records appointment.

Signed: _____ Name(printed): _____ Date _____

Post full record to my doctor:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Brisbane City Doctors** to make a one time debit to your credit card listed below.

By signing this form you give us 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 **Brisbane City Doctors** to charge 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 the above named business to charge 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.