



Medical Confidentiality Release Form

For use to allow a third party (family member, carer etc) to access parts or all of a medical record.

*Normally under the Privacy Act (1988), amendments and related documents it is illegal for a Medical Practice to disclose any medical information to a third party not directly involved in the treatment team (such as nurses or specialists). **This means that normally a family member, or even carer, may not access any part of the medical record of, nor make any medical enquiries in relation to, any person.** This includes any person over the age of 16 and can also apply to a person aged 14 to 16. In order for a carer or family member to be able to make enquiries in relation to a patient, we require a signed authority to release information to that carer, friend or family member.*

There are some restrictions to medical confidentiality which allow for, and even mandate, disclosure of medical information to third parties, including (but not limited to) government agencies, the Police, or other parties. Typically these are when a serious threat to life or wellbeing of the patient, or another person as a result of actions of the patient, are thought or suspected to exist.

Patient Name		
DOB		Phone:
Name of person seeking access		Phone:
Address		
Relationship to applicant		

DESCRIPTION OF ACCESS TO BE GRANTED

<input type="checkbox"/>	Full medical file, all actions (appointments, enquiries)
<input type="checkbox"/>	Medical file only, may not take any actions on behalf of patient
<input type="checkbox"/>	Specific medical conditions only

Additional Information:

PATIENT SIGNATURE

DATE