



waikanaehealth

REQUEST FOR MEDICAL RECORDS

Your medical notes are private to you only. We protect your privacy by restricting access to these notes. We are unable to release notes unless the following is in place with the practice:

1. Third party consent exists;
2. You are under 16 years of age;
3. An activated Enduring Power of Attorney (EPOA) exists; or
4. The request is made by the Executor or Administrator of a last Will and Testament (for deceased patients).

NB: We will require formal notification from a lawyer or court before records can be released.

Date:

Full name of person applying:

I would like a copy of my medical records from the date to
I understand the original records will be kept by Waikanae Health

I would like a copy of the medical records for the patients listed below, from the date to
I understand that the originals will be kept by Waikanae Health.

Patient Name: Date of Birth: Age:

Patient Name: Date of Birth: Age:

Patient Name: Date of Birth: Age:

Patient Name: Date of Birth: Age:

Patient Name: Date of Birth: Age:

Of (address)

Signed: Date:

Email Address:

Are you registered on MyIndici? Yes No

Note: People aged 16 years and over must sign for themselves.

Office Use Only

Consideration needs to be given to the security of medical notes. It is our practice policy to release notes to the portal or for pickup, as Email is not secure.

Date actioned: Actioned by:

Identity verified: Yes No Method of verification:

Notes released to: Pick up Portal Email: Address: