



Request Form To Access Personal Records

Form for completion by applicant

Declaration: Please declare the nature of the request for client records

Requesting Your Own Information

I am the client, and I am requesting my own information.

Please note:

- In most cases we will not release information to another party. The release of client information will be managed via the client themselves (we will provide the client with their information to pass on).
- EAP services are unable to provide you with psychological or legal assessment reports.

How To Request

1. Please complete section 1, 2 and 3

Note: If the email address provided in section 1 does not match the email address we have on record, we will need to verify your new email address and update our records.

2. Please provide required proof of identity (s57 Privacy Act, 2020)

a. Copy of current photo identification (eg driver's license).

Note: copies of photo identity will be deleted once verified.

3. Email the completed form with copy of proof of identity to:

notesrequests@habit.health

Requesting Someone Else's Information

I am requesting information on behalf of the client e.g. you are the client's nominated representative or next of kin.

How To Request

1. Please complete section 1, 2 and 3

Note: If the email address provided in section 1 does not match the email address we have on record, we will need to verify your new email address and update our records.

www.habit.health

2. Please provide the required paperwork:
 - a. A copy of identity for both the client and the client’s nominated representative (passport or driver’s license)
 - b. Proof of authorisation as the client’s nominated representative:
 - Letter of authorisation from the client
 - A copy of power of attorney
 - A copy of official documentation confirming the requester as next of kin

3. Email this completed form with the applicable documents to:

notesrequests@habit.health

Section 1

Client Details

Given name(s):	Family name:
Personal Email:	Previous Surname:
Cell Phone:	Date of Birth:
Home Address:	
Claim Number (if applicable):	

Section 2

Requestor Details

Given name(s):	Family name:
Personal Email:	Relationship to Client:
Home Address:	
Phone Number:	

Section 3

Documents Required

Service request relates to:			
<input type="checkbox"/> Rehab	<input type="checkbox"/> Physiotherapy/ Hand Therapy only	<input type="checkbox"/> EAP Services	<input type="checkbox"/> Occupational Health

Note: For Occupational Health, please fill out the section below.

Occupational Health Services only

I would like copies of the following medical records sent to the above personal email address (please select records required):

All medical records held on file Vision Screening
 Audiometry (Hearing assessments) Drug/alcohol testing
 Spirometry (Lung Function Tests)

Other: Please list

Time period request covers:
<input type="checkbox"/> All medical records held on file

Other: Please be specific - ie is there an injury/service your request relates to, do you require copies of report(s), clinical notes, specialist letters etc.

Documents will be emailed to the address provided in section 1 or section 2 unless otherwise stated. If you require the documents to be posted, these will be sent at your cost by Courier Signature Required, otherwise arrangements can be made for these to be collected in person (Photo Identity will be required).

Office Use Only

Request received via: Email <input type="checkbox"/> Post <input type="checkbox"/> In person <input type="checkbox"/> Phone call <input type="checkbox"/>
Person receiving request: (name and position)
Photo ID sighted or copy received: Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
Required documents attached:

Office Use Only Outcome of notes request

All requested information sent to requestor via:
Email <input type="checkbox"/> Post <input type="checkbox"/> In person <input type="checkbox"/> Other <input type="checkbox"/>
Name of Person collecting Notes in Person: (name and position)
Signature of Person Collecting Notes in Person:
Photo ID sighted on collection: Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
Request for notes declined in part: (list reason)
Request for noted declined: (list reason)