

Clinical Record Release Form

MercyAscot must always meet its legal requirements under the Health Information Privacy Code 1994 to maintain confidentiality and privacy of patient information. This includes appropriate access and release of a patient's clinical record.

Patient's clinical records are accessible only by those authorised to have access. The Clinical Records Coordinators and Duty Managers afterhours are authorised to manage this access and any subsequent release.

The original clinical record can only be released to the coroner or the police on formal request or following the 10 year retention phase when the destruction process has been activated. In all other instances a photocopy of part or all of the clinical record is to be made for the release.

N.B. This form is not required to be completed for requests from DHB's via fax or email - evidence of the request and confirmation of receipt is required to be filed in the patient clinical record along with a copy of the photocopied record faxed through.

Type of release: Photocopy of part or all of the clinical record Full original clinical record

Details of specific record requested for release:

Patient Name: _____ Patient NHI or DoB _____

Phone/email contact: _____

Request made by: Patient Other: (Specify) _____

Reason for Request:

Identity Check: (Obtain copy of and attach to this form)

Passport Driver's License Other (Specify) _____

Authority given by:

Name: (Print) _____ Designation: _____

Signature: _____ Date: _____

Confirmation of receiving clinical record: (if picked up in person)

Name: _____

Signature: _____ Date: _____

**This completed form to be placed in original clinical record
or held by Clinical Record Department if original released.**