

Please complete the details below and sign in the indicated boxes. Return this completed form **together with** a copy of the following forms of photographic identification i.e. passport, driver's licence, official ID card; **plus** a copy of any other documents required (please see information sheet over page) to clinicalnotes@kensingtonhospital.co.nz.

Please note: Requests will be dealt with promptly, however in some instances, records will need to be retrieved from our offsite archives so time is required to retrieve and collate the information. The Health Information Privacy Code 2020 allows up to 20 working days to provide the information requested.

PATIENT DETAILS			
First Name		NHI	
Last Name		ID Provided	<input type="radio"/> Y (Passport or Drivers Licence)
Contact Email		Contact Number	
Postal Address			
Signature		Date of Request	

IF REQUESTING SOMEONE ELSE'S RECORDS			
Requested By			
Email			
Contact Phone		Contact Mobile	
Signature		Date of Request	
Relationship to the Patient / Authority for Requesting Information			
<input type="radio"/> Executor to a Will <input type="radio"/> ID Provided (Passport or Drivers Licence) <input type="radio"/> Evidence Copied		<input type="radio"/> Other - please specify:	

CLINICAL RECORDS REQUEST	
Dates of Information Required	
<input type="radio"/> All <input type="radio"/> One Admission: <input type="radio"/> Date Range:	
Type of Information Required	
I request a copy of the following from the above Patients clinical records:	
<input type="radio"/> All Clinical Records <input type="radio"/> Anaesthetic Charts <input type="radio"/> Operation Notes <input type="radio"/> Implant Records <input type="radio"/> Other – please specify:	
Information to be Delivered By	
<input type="radio"/> Courier to: <input type="radio"/> Email to: (must be personal email address) <input type="radio"/> Collection - Photographic ID is required at time of collection (Driver's License or Passport)	

HOSPITAL USE ONLY			
Request Received By		Date	
Proof of ID Sighted	<input type="radio"/> Y – copy attached to the request form	Signature Checked Against	<input type="radio"/> Consent Form <input type="radio"/> Admission Form
Authorised By: (Privacy Officer, CSM, Perioperative Services Manager, Theatre Coordinator or Nurse Manager – IPS & Admissions) Name: Position: Signature: Date: If Authorisation is not given, please state the reason why:			
Clinical Records Provided	Emailed: <input type="radio"/> Y Couriered: <input type="radio"/> Y – tracking number: Collected: <input type="radio"/> Y – ID Sighted at Collection: <input type="radio"/> Y Date: Time:		
Clinical Records Collected From/Sent By			
Name:		Position:	
Signature:		Date:	

Information Sheet for Requesting Clinical Records

As a requirement under the Privacy Act, Kensington Private Hospital is required to safeguard Patients information ensuring that only the Patient or an authorised person has access to a Patients Clinical Records. Information from your own medical records or the records of a dependant or family member can be requested from our Support Services team. There is no charge for this service.

How do I request my clinical records?

1. The request must be in writing by completing the Request for Clinical Records Form (on reverse).
2. Please include specific details of the information you require, including the dates you were in hospital and the documents you require (e.g. All Clinical Records, Anaesthetic Chart, Operation Note, etc.). Please be as specific as possible to enable a quick turnaround.
3. Please include a current mailing address and contact number, and email address if applicable.
4. **All requests must be accompanied by proof of identification.** This is preferred to be with a photo and signature (e.g. Driver's Licence or Passport) but other forms of identification can be discussed.

How do I request clinical records for my child?

As above in 1-4, as well as proof of relationship to the child and a copy of their birth certificate.

Please note: If the request is for a family member who is **not** a dependant (dependant = 16 years or under), then consent in writing from the person is required.

How do I request clinical records for a relative or friend?

As above in 1-4, as well as written consent from the patient or, if applicable, a copy of the Power of Attorney.

How do I request clinical records for a deceased relative?

As above in 1-4, as well as written consent from the Executor/Administrator of the Will or where there is no Will, proof of your relationship to the patient.

How long does it take?

It may take up to 20 working days for us to complete your request. However, all efforts are made to process all requests as quickly as possible. For complex requests, or requests that require clinical review, an extension to this time may be required, but the requestor will be informed if a delay is expected.

Note: Failure to supply all of the above information may delay the processing of your request.

Urgent requests

If your request is urgent, you **must** provide a reason for the urgency and the timeframe within which you require the information. All efforts will be made to meet this timeframe.

Receiving your requested information

Many requesters receive their clinical documentation via post, but you can collect your documents in person if you would prefer, or we can email them. Please ensure your preference is clearly indicated on the form.

When collecting information in person, you will need to present personal identification before the information will be released to you.

If you are collecting copies on behalf of someone else (e.g. a friend or family member), you must have their written consent authorising you to collect their information.

Need help with your request?

If you have any questions about any of the information above, please contact the Support Services team on clinicalnotes@kensingtonhospital.co.nz or phone the hospital reception on **09 437 9080**.

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