



## PERSONAL INFORMATION ACCESS REQUEST FORM – **RESIDENTIAL AGED CARE**

**Complete this form to request access to personal information held about you by Mercy Health. You can only request access to information about yourself or someone to whom you have authority to request access on their behalf.**

**This application must be accompanied by a copied form of identification (such as a copy of a driver's licence or pension card) to assist us to verify your identity.**

**If you are not the person in SECTION 1 to whom the request relates, please complete BOTH Sections 1 and 2.**

### **SECTION 1 – Resident details**

Name:.....

Address:.....

.....

Phone (BH): (     ).....Date of Birth.....

**SECTION 2 – Applicant details** (This section only needs to be completed if you are not the resident above to whom the request relates)

Name:.....

Address:.....

.....

Phone (BH): (     ) .....

Relationship to resident: .....

**Important: To assist us in deciding if we can provide a resident's information to you, you must provide evidence of your authority to ask for their information e.g. signed written consent authorising access to be provided to you, enduring power of attorney.**

### **SECTION 3 – Details of Request**

**Request for access from:**

Name of residential aged care facility (refer next page): .....

**Details:**

Please provide specific details of the personal information you would like to obtain:

.....  
.....  
.....  
.....

In order to assist us with your application, please advise what you require this information for:

.....  
.....  
.....

Please sign and date this form and return it to the applicable residential aged care facility below with proof of your identity and evidence of authority (if applicable). Please note requests may take up to 30 days to process.

Signature..... Date: ..... / ..... / .....

**Mercy Health residential aged care facilities:**

**Mercy Place Albury**  
578 Poole Street  
ALBURY NSW 2640

**Mount St Joseph's Young**  
61 Campbell Street  
YOUNG NSW 2594

**OFFICE USE ONLY**

Date request received:.....

Referred by(name): ..... Position:.....