

**PERSONAL INFORMATION
ACCESS REQUEST FORM –
HOME CARE SERVICES**



Please 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 – Client details

Name:.....

Address:.....

.....

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

SECTION 2 – Applicant details (This section only needs to be completed if you are not the client above)

Name:.....

Address:.....

.....

Phone: ()

Relationship to client:

Important: 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

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

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Please sign and date this form, and return it to the Mercy Health Home Care Services Privacy Officer 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 Home Care Services:

Privacy Officer
Home Care Services
Mercy Health
Level 2, 12 Shelley Street
Richmond VIC 3121

Email: MHCSQuality@mercy.com.au
Phone: +613 8416 7777

OFFICE USE ONLY

Date request received:

Referred by (name): Position: