

## Authority to Release Medical Records

To Dr \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Fax: \_\_\_\_\_

Dear Doctor

The patient whose details are given below is now attending this surgery for regular medical attention.

I would be grateful if you could forward any relevant medical history / case notes / specialist letters / reports to assist in this patient's ongoing medical care. If your practice currently uses Best Practice it would be greatly appreciated if you could forward these notes in .xml format on usb, disc or via Healthlink. Our username is PIONEERH

Thank you for your assistance.

Yours faithfully,

**Pioneer Health Albany**

I \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

hereby authorise the release of my medical records to Pioneer Health Albany.

Signed \_\_\_\_\_ Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other family members to be included:

Name \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_



2 Pioneer Road

Albany WA 6330

Phone 08 9842 2822

Fax 08 98428219

**Healthlink: PIONEERH**

admin@pioneerhealth.com.au

www.pioneerhealth.com.au

Could you also please advise us of the most recent dates when any of the following items were charged:

Mental Health Care Plan (2700, 2701, 2712, 2713, 2715, 2717)

\_\_\_\_\_

Health Assessment (701, 703, 705, 707, 715) \_\_\_\_\_

GPMP/TCA (721, 723, 732) \_\_\_\_\_

DMMR (900) \_\_\_\_\_

Date of last Cervical Screening \_\_\_\_\_