Release of Personal Health Information Request Form - Immunisation Record

Please ensure all sections of this form are completed in full and provide copies of the required supporting documentation (e.g. scans) so your application can be processed.

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| **Consumer’s Details – person whose records are to be accessed** | | | | |
| Surname/Family Name |  | Given names: | |  |
| Date of Birth |  | NHI Number: (if known) | |  |
| Also known as/other/ previous names: |  | | | |
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| Residential Address: |  | | | |
| Postal Address (if different): |  | | | |
| Mobile number: |  | Phone number: |  | |
| Email Address: |  | | | |

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| **Requestor’s Details – complete if requesting someone else’s records** | | | |
| Requested by (full name): |  | | |
| Relationship to Patient: |  | | |
| Mobile number: |  | Phone number: |  |
| Postal Address: |  | | |
| Email Address: |  | | |

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| **Basis for Request (select ONE):** | **Supporting Document(s) Required** | |
| * I am the consumer requesting my own information | * Photo identity (for example, Driver Licence, Passport) with signature | |
| * I am the parent/legal guardian of the consumer who is a child under 16 years of age | * Photo identity with signature * Proof of relationship (copy of birth certificate, adoption letter, etc.) * Are there any current Court Orders in place in relation to this   child? If yes, please provide us with a copy | |
| * I have signed consent from the consumer | * Signed consent by consumer and photo identity of consumer * Photo identity of requestor with signature | |
| **Consumer Signature:** |  |
| * I have lawful authority over the   consumer’s affairs | * Photo identity of requestor with signature * Copy of lawful authority (for example, activated EPOA or PPPR) | |
| * I have authority as, or consent from,   the Executor/Administrator of the consumer’s deceased estate | * Photo identity of requestor with signature * Copy of relevant page from the Will or Letter of Administration * Consent from Executor/Administrator (if not requestor) | |
| * Other – please provide details: | | |

Note: identity documents, relationship confirmation documents, court orders, EPOAs, PPPRs, and wills will be deleted once sighted and/or once no longer required. Confirmations of authority to act may be retained as part of the request file.

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| **Receiving the immunisation record** | | |
| Please confirm the secure email address to which the requested record will be sent.  It must be the same email address as listed above for the consumer, or for the person requesting the record on behalf of the consumer (if relevant). | | |
| **Email** |  |

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| **Declaration** | | | |
| By signing this document I confirm that:   * all information I have provided in this form is to the best of my knowledge true and complete * I acknowledge the immunisation record will be sent to the email address I have supplied, and that this is sufficiently secure and in my control for receiving this information (i.e. information will not be exposed to unauthorised persons through use of this email address) * I accept Health New Zealand may contact me to clarify any matters and/or may request that I provide additional verification of my identity * if I am requesting information on behalf of another, I am authorised to request and receive that information * I understand that giving false or misleading information is a serious offence. | | | |
| **Name** |  | | |
| **Signature** |  | **Date:** |  |

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| **Sending this form** |
| Please return this completed, signed form with supporting copies of required documentation to: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz). The requested immunisation records will be returned to you at the email address you have provided.  If you need assistance or have questions relating to completing this request form, please contact us at this email address. |

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| **Office Use Only** | | | | | |
| Date request received |  | Staff member who received | |  | |
| Requestor ID verification sighted | | | | | |
| Requestor Photo ID verified | |  Yes | | | |
| Form of ID used to verify |  | | ID Expiry Date |  | |
| Authority to act documents sighted | | | | | |
| Request made on behalf of another | |  Yes – complete relevant section below  No – go to ‘Processing’ section | | | |
|  *Parent/Guardian request – copies of required documents sighted* | | | | | |
| Proof of relationship | | * Yes | Document type |  | |
| Court orders sighted | |  Yes  Not applicable | | | |
|  *Request with direct consent – copies of required documents sighted* | | | | | |
| Signed consent from individual concerned | |  Yes | | | |
| ID of individual for whom request is made | | * Yes | Document type |  | |
|  *Request for incapacitated individual – copies of required documents sighted* | | | | | |
| Lawful authority to act | | * Yes | Document type |  | |
|  *Request for deceased individual – copies of required documents sighted Request for deceased individual* | | | | | |
| Authority in relation to deceased individual | | * Yes | Document(s) |  | |
| Processing | | | | | |
| Request sent for processing/response | | * Yes    No – requestor identity not confirmed   No – authority to act not confirmed | | | |
| Copies of relevant verification documents securely deleted in accordance with established process | | | | |  Yes |
| Relevant request documents filed in accordance with established process | | | | |  Yes |