

Provincial Medical Centre



Shop 21, St Clair Shopping Centre

Cnr Bennett Rd & Endeavour Ave, St Clair NSW 2759

Phone:02 9834 3499 Fax:02 9834 3313 Email:info@provincialmedical.com.au

Release of Personal Health Information



Dear Doctor/Practice: _____

Address: _____

Phone: _____ Email: _____

Your patient has elected to attend our Surgery for Medical Care. I would be grateful if you could forward to me a full copy of their medical records in your possession in the form of **CD in XML, HTML format** for their ongoing care. **We would also appreciate a current Shared Health Summary uploaded into My Health Records.**

We use Medical Director in this Practice.

We also use Healthlink for secure transfer (code provinmc).

Name:	DOB:	Guardian Signature (aged <14 years)

PATIENT AUTHORITY

Patient's Name: _____ Date of Birth: _____

Address: _____

Email: _____

I request the doctor/nurse mentioned above forward details of my medical records to the doctor who will now be responsible for my ongoing care.

Signature: _____ Date: _____