

## REQUEST FOR PATIENT INFORMATION

### REQUESTING INFORMATION ABOUT ANOTHER PERSON

You will need to provide a copy of your identification, with photo and signature e.g. Drivers' Licence. You will need to provide proof of your right to access this information. We may contact you if further verification is required.

#### PATIENT DETAILS

SURNAME:

FULL GIVEN NAME:

PREFERRED NAME:

FULL RESIDENTIAL ADDRESS:

DATE OF BIRTH:

NHI (IF KNOWN):

TELEPHONE NUMBER:

EMAIL ADDRESS:

#### REQUESTOR'S DETAILS

SURNAME:

FULL GIVEN NAME:

POSTAL ADDRESS:

REASON FOR REQUEST:

TELEPHONE NUMBER:

EMAIL ADDRESS:

PROOF OF REPRESENTATION/LAWFUL AUTHORITY (SEE BELOW):



DATE(S) OF INCIDENT:

1.

2.

3.

LOCATION(S) OF INCIDENT:

1.

2.

3.

APPROX. TIME(S) OF INCIDENT:

1.

2.

3.

\* If requesting the 111 call information, please provide the telephone number the 111 call(s) was made from, or advise if this is unknown. The caller's permission may be needed before this information is released to you.

**REQUESTOR'S CHECKLIST**

If you are the representative\* requesting the patient's health information

- + attach evidence of representative status and/or lawful authority
- + attach a copy of your identification, with photo and signature

\*Representative means:

- + A parent or guardian of a child under 16 years of age
- + Someone acting with lawful authority (such as a power of attorney) over a person's affairs
- + Someone who is clearly acting on behalf of and in the best interests of a person who is unconscious and/or incapable

**Requestor's Authority:**

I am a representative requesting a patient's information;

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Submit the completed form and all required attachments to:**

Post: Wellington Free Ambulance, PO Box 601, Wellington 6140 or

Email: [Improvement.team@wfa.org.nz](mailto:Improvement.team@wfa.org.nz) or

Phone: 04 499 9909 if you would prefer to have this form posted to you.

This form and subsequent information are subject to the provisions of the Privacy Act 2020 and Health Information Privacy Code 2020. Your request will be acknowledged by Wellington Free Ambulance and a response will be sent to you within 20 working days.