

Request to Access Richmond Wellbeing Records

Please forward to privacy@rw.org.au

Section 1 – Details of Client/ Consumer
Name:
Date of Birth:
Address:
Suburb:State:Postcode:
Section 2 – Details of Authorised* Person
This section is to be completed if the request is made on behalf of anyone other than the client/ consumer.
*An authorised person is a parent or guardian or a minor; a person appointed by Power of Attorney or Advanced Health Directive; another person authorised by law; a person authorised in writing by the client/consumer.
Basis of authorisation if not the client/ consumer:
□Parent □Guardian of minor □Power of Attorney □Advanced Health Directive □other, specify
Name of authorised person:
Address of authorised person:
Suburb:State:Postcode:
*If you are seeking to access documents about a person other than yourself, please provide their name, date of birth and their relationship to you in the space below. You will need to provide certified copies of documents linking you to that person to enable you to access the documents, such as birth certificates, death certificates or guardianship/ administration orders.
Section 3 – Details of Documents
I hereby request a copy of the documents listed below:
1. Please list below documents/ information required:
2. Please explain the reason(s) why the documents are required:
ID Provided (photographic ID):
☐ Certified copy of photographic ID attached
Section 4 – Acknowledgement
I am not aware of any legal of other reason which prevents me from making this request nor any other person that I must consult with before I make this request. There are no court orders in existence which limit my rights to access this information. Name:
SignatureDate:

Checklist

Have you:

- Attached certified identification?
- Given clear explanation of the documents you are requesting
- Attached documents to support your application to access information about other people (for example birth certificate or guardianship/ administration order)