

Authority to release health information

Flora Medical Pty Ltd ABN 37 669 423 287 (Flora)

Date		DOB	
Patient full name			
Address			
Fax			
Dear Dr			

The above patient is attending Releaf Clinics and requests the following information:

- | | | |
|------------------|---------------------|--|
| Health summary | Discharge summaries | Transfer my records |
| Medical report/s | Care plans | (Please provide details of new clinic) |
| Clinical notes | Health assessments | _____ |
| Pathology | Medical imaging | _____ |

Legal disclaimer

This document and the records requested herein contains confidential patient information that is legally privileged. This information is intended solely for the use of the individual or entity to whom it is addressed, in accordance with the Australian Freedom of Information Act (FOI Act). If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this information is strictly prohibited and may be unlawful. Releaf Clinics has taken reasonable steps to ensure that the information contained in this release is accurate and up-to-date. However, Releaf Clinics makes no warranty or representation as to the accuracy or completeness of the information. Releaf Clinics is not liable for any errors or omissions, or for the results obtained from the use of this information. All patient information is de-identified to protect privacy, except where the release of specific information is authorized by the patient or required by law. Releaf Clinics complies with all applicable privacy laws and regulations, including the Australian Privacy Principles (APPs) under the Privacy Act 1988 (Cth). By accepting this information, the recipient agrees to comply with all relevant laws and regulations governing the handling of personal information, including the FOI Act and the Privacy Act. Any unauthorized use, dissemination, forwarding, printing, or copying of this document is strictly prohibited.

Releaf Clinics Fees and Charges

Patient requesting Clinical Notes – no charge.

Patient requesting Medical Report/s may incur a fee of \$150 (plus GST) charged to the patient.

Third-party requesting Clinical Notes may incur a fee of \$150 (plus GST) charged to the third-party.

Third-party requesting Medical Report/s prepared by Releaf Clinics doctor fee of \$300 (plus GST) may be charged to third-party.*

*Our doctors can charge at their discretion for this service, amount advised is estimate only.

Patient consent

This is a signed authority for release of my health information. I consent to Flora Medical obtaining, using, and disclosing my health information from Releaf Clinics to complete my request specified above.

I, _____ understand an administration fee
(name)

may be charged for this service and this is the responsibility of myself. If you charge a fee for the

transfer of files, please contact me directly on _____ .
(phone number)

Patient full name	
Patient signature	