

# Authority for the Release of Personal Information



I, ..... Date of Birth: .....  
(Full name of Patient) OR  
(Full name of Appropriate Guardian/Personal Representative/Executor of Estate/or Next of Kin)

of .....  
.....  
(Address)

Telephone: ..... Email: .....

Hereby authorise the Barossa Hills Fleurieu Local Health Network to release any requested personal / health information relating to the treatment and care within the public health system of:

..... Date of Birth: .....  
(Myself / Full Name of Patient)

to .....  
(Name of Applicant)

of .....  
.....  
(Name of Organisation if Applicable, and Address)

**This authority to release information will expire twelve months from date of signature.**

..... Print name in full: .....  
(Signature)

..... Print name in full: .....  
(Signature of witness)

Date: .....

## Further Information on Authorising Access to Records

### Authorising Access To Records of a Deceased Patient

Access to deceased patient records held by the Barossa Hills Fleurieu Local Health Network (BHFLHN) must be made under the *Freedom of Information Act 1991* (the FOI Act) and is subject to authorisation by the Chief Executive Officer BHFLHN in accordance with s93(2)(b) of the *Health Care Act 2008*.

When submitting your application to the BHFLHN as outlined on the [Barossa Hills Fleurieu Local Health Network - Freedom of Information](#) webpage, please also include a completed copy of this form, **and** copies of the following supporting documentation:

- a death certificate, *or*
- marriage certificate of the deceased, *and*

If there is a will, a copy of the executor page. If you are not an executor, the executor(s) of the estate will need to complete this consent form, specifically authorising you to access the requested medical records.

If you are unable to provide a copy of either a will or the relevant certificates, you will need to provide a statutory declaration, confirming that there is no will and that you are the next of kin. If there is another family member that would be deemed to be the next of kin, we will require written confirmation and consent from that person(s).

### Authorising access to Records on behalf of a Patient as a Guardian/Personal Representative

If you have been appointed as a guardian or personal representative of a patient through a formal administrative or relevant judicial process, and wish to authorise a third party for access to that patient's records, please complete and submit this consent form and provide a copy of any relevant documentation confirming your appointment.

Please email the completed form and any supplementary information to:

[Health.BHFLHNFOI@sa.gov.au](mailto:Health.BHFLHNFOI@sa.gov.au)

OR

Post to:

Barossa Hills Fleurieu Local Health Network

Freedom of Information Team

Mt Barker District Soldiers' Memorial Hospital

87 Wellington Road

PO Box 42

Mt Barker SA 5251

Alternatively this form may be lodged at any Hospital or Health Service within the Barossa Hills Fleurieu Local Health Network. Please see [Barossa Hills Fleurieu Local Health Network - Freedom of Information](#) for a full list of services.

## For more information

Barossa Hills Fleurieu Local Health Network

Freedom of Information Team

Mt Barker District Soldiers' Memorial Hospital

87 Wellington Road

PO Box 42

Mt Barker SA 5251

Telephone: (08) 8226 7196 (general enquiries)

Email: [Health.BHFLHNFOI@sa.gov.au](mailto:Health.BHFLHNFOI@sa.gov.au)

[www.sahealth.sa.gov.au/barossahillsfleurieulhn](http://www.sahealth.sa.gov.au/barossahillsfleurieulhn)

 Follow us at: [www.facebook.com/BHFLHN](https://www.facebook.com/BHFLHN)



**Health**  
Barossa Hills Fleurieu  
Local Health Network