## **Enquiry or Complaint Requiring Release of Information to a Third Party**

Under the *ACT Health Records (Privacy and Access) Act 1997*, when responding to a complaint or enquiry, Calvary Public Hospital Bruce (CPHB) cannot provide personal or sensitive information (including health information) about a patient to a third party without the consent of that patient.

If this enquiry or complaint requires investigation and release information about a patient, and that patient is not the person making this request, we require the following details to allow us to release information.

**Section 1: Patient Details - For the patient who received treatment or services from Calvary Public Hospital Bruce**

Title: …….. First Name: ……………………… Last Name: ……………………………………….

Home address: …………………………………………………………………………………………..

State: …………… Postcode: ……………… Date of Birth:…../……./……

Home Phone: …………………….. Mobile: ……………………………………………

Email: ……………………………………………………………………………………………………

Date of admission/presentation relevant to this complaint: ……/…../..….. to ...../……/…..

**Section 2: Third Party Details – For the person making the complaint on your behalf**

Title: …….. First Name: ……………………… Last Name: ……………………………………….

Home address: …………………………………………………………………………………………..

State: …………… Postcode: ……………… Date of Birth:…../……./……

Home Phone: …………………….. Mobile: ……………………………………………

Email: ……………………………………………………………………………………………………

**Section 3: Consent.** *If you are the Guardian/person with Legal Authority you will need to provide a copy of the proof of status (e.g. signed Enduring Power of Attorney documents) to allow you to sign on behalf of the patient. If the complaint is on behalf of a deceased person, the Executor of their will is required to sign on their behalf.*

I,……………………………………………………………………… ( please print full name), hereby give my consent to Calvary Public Hospital Bruce accessing, using and disclosing any relevant personal and sensitive information (including information contained in my health record) to the third party person named above when responding to this complaint.

* I understand that I have appointed the person named above to make the complaint on my behalf and Calvary Public Hospital Bruce will communicate and correspond with that person.
* I understand that I am under no obligation to consent to my information being released and that I can withdraw my consent at any time in writing.

Signed……………………………………………….. Date……/……/…..

Please submit this form via email to the [feedback@calvary-act.com.au](mailto:feedback@calvary-act.com.au) or post to: Clinical Governance & Quality Unit Calvary Public Hospital Bruce PO Box 254 Jamison Centre ACT 2614