



Chris O'Brien
Lifehouse



Health
Sydney
Local Health District

SURNAME		MRN
GIVEN NAMES		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION		

CONSENT TO EXCHANGE PATIENT HEALTH INFORMATION

Date
D D M M Y Y

AFFIX PATIENT LABEL HERE OR COMPLETE ALL DETAILS

CONSENT

I, _____
(Patient/Client/Parent/Guardian/Authorised Representative) – circle appropriate

give permission for Sydney Local Health District and Lifehouse to exchange my health information to each other for the purpose of my ongoing medical care and other related purposes as are required.

I understand that the information I authorise to be shared and accessed relates to my entire medical record (hard copy and/or electronic) and health information. I have been given a copy of the Privacy Brochure for Patients and understand the type of information which Lifehouse and Sydney Local Health District may have access to, the purposes for which the information will be used, who it may be disclosed to and how my privacy will be protected.

Name (please print) _____

Signature _____ Date _____

Parent/Guardian/Authorised Representative (if patient under 16 years of age)

Surname _____ Title (Mr/s) _____

Given Names _____

Relationship to Patient _____

The collection, use and exchange of your entire health information and medical record by Sydney Local Health District and Lifehouse are necessary to provide you with ongoing care and treatment. Health information, which has been collected and stored from any of your previous admissions or attendances to Sydney Local Health District or Lifehouse, is valuable information and may also be used for your care and treatment by either organisation.

Sydney Local Health District and Lifehouse will exchange your medical record (electronic and hard copy) and health information. Your record will only be accessed where such access is relevant to your ongoing care or for other lawful and authorised purposes, for example billing. The attached Privacy Brochure for Patients explains in more detail how your health information will be shared, the type of information that will be shared and how your privacy is protected.

The Sydney Local Health District and Lifehouse are committed to safeguarding the privacy of your health information and each organisation has implemented measures to comply with those obligations. The staff are bound by law and privacy policy and by strict code of conduct to maintain confidentiality of your health information.

Interpreter use only

Signature _____ Date _____

Interpreter Name (please print) _____



LHR003

BINDING MARGIN – NO WRITING
FILE IN MEDICAL RECORD

Ver 1.0 Revised October 13

CONSENT TO EXCHANGE PATIENT HEALTH INFORMATION LHR 003



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Refusal/Withdrawal of Consent

I, _____
(Patient/Client/Parent/Guardian/Authorised Representative) – circle appropriate

Hereby refuse / withdraw the consent to exchange the above mentioned patient health information between Lifehouse and the Sydney Local Health District. My treating medical officer has explained the consequences this decision may have on my health care.

Name (please print) _____

Signature _____ Date _____