

Your Community Health
125 Blake Street, East Reservoir VIC
Phone Number: 03 8470 1111 Fax: 03 8470 1107
Email: medical.admin@yourch.org.au

Transfer of Medical Records Consent Form
Patient Authority

Preferred Name:	
First Name: (as per medicare)	
Surname: (as per medicare)	
Date of Birth:	
Address:	
UR Number (if known):	

Details of previous clinic to transfer records from

Clinic Name:	Austin Health – Endocrinology Gender Clinic		
Clinic Address:	Health Information Services Austin Health PO Box 5555 Heidelberg VIC 3084		
Clinic Phone:	03 9496 5447	Clinic Fax:	03 9458 4557
Clinic Email:	medicalrecordrequest@austin.org.au		

I hereby authorise to the above-mentioned previous clinic to release my medical records in relation to the Austin Health – Endocrinology Gender Clinic to:

Your Community Health
300 Bell Street, Preston VIC 3072
125 Blake Street, East Reservoir VIC 3073

I understand that a fee may be charged for the cost of providing access or copies by the previous clinic and this cost will not be covered by Your Community Health. The record can be faxed, emailed or sent via registered post to the receiving clinic detailed above. ***Please note our preference is for medical records to be sent in .XML format.***

Patient Signature:		Date:	
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