



Request Form To Access Personal Records

Form for completion by applicant

Declaration: Please declare the nature of the request for client records

Requesting Your Own Information

I am the client, and I am requesting my own information.

Please note: **PMARS** will not release information to another party in most cases even if the client has requested us to. The release of client information will be managed via the client themselves e.g. We will provide the client their information and they can pass on.

How To Request

1. Please complete section 1, 2 and 3

Note: If the email address provided in section 1 does not match the email address we have on record, you will need to formally request to have your records updated to include the new email address. Please either ring or come in and speak to us.

2. Please provide required proof of identity (s57 Privacy Act, 2020)

- a. Copy of current photo identity with signature (passport or drivers license) where possible.

3. Email the completed form with copy of proof of identity to:

To be completed by PMARS administration.

Requesting Someone Else's Information

I am requesting information on behalf of the client e.g. you are the client's nominated representative or next of kin.

How To Request

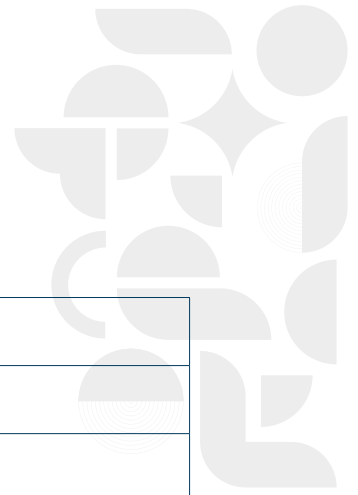
1. Please complete section 1, 2 and 3

2. Please provide the required paperwork:

- a. A copy of identity for both the client and the client's nominated representative (passport or driver's license)
- b. Proof of authorisation as the client's nominated representative (where applicable):
 - Letter of authorisation from the client
 - A copy of power of attorney
 - A copy of official documentation confirming the requester as next of kin
 - A copy of the death certificate

3. Email this completed form with the applicable documents to:

*To be completed by **PMARS** administration.*



Section 1

Client Details

First Name:	Surname:
Email:	Previous Surname:
Phone Number:	Claim Number:
Address:	
Date of Death:	Date of Birth:

Section 2

Requestors Details

Please complete this section if you are requesting details on behalf of the client. Please note we can only release information provided you give us a copy of the appropriate documents outlined above.

First Name:	Surname:
Email:	Relationship to Client:
Address:	
Phone Number:	

Section 3

Documents Required

Please complete this section if you are requesting details on behalf of the client. Please note we can only release information provided you give us a copy of the appropriate documents outlined above.

Time Period your request covers:
Please be specific regarding information requested: Is there an injury/service your request relates to, specific information requested (e.g., specialist reports, reports to ACC/GP/All reports), Clinical notes, all records held on file by PMARS.)

Documents will be emailed to the address provided in section 1 or section 2 unless otherwise stated. If you require the documents to be posted, these will be sent at your cost by Courier Signature Required, otherwise arrangements can be made for these to be collected in person (Photo Identity will be required).

Office Use Only

Request received via: Email <input type="checkbox"/> Post <input type="checkbox"/> In person <input type="checkbox"/> Phone call <input type="checkbox"/>
Person receiving request: (name and position)
Photo ID sighted or copy received: Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
Required documents attached:

Office Use Only Outcome of notes request

All requested information sent to requestor via: Email <input type="checkbox"/> Post <input type="checkbox"/> In person <input type="checkbox"/> Other <input type="checkbox"/>
Name of Person collecting Notes in Person: (name and position)
Signature of Person Collecting Notes in Person:
Photo ID sighted on collection: Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
Request for notes declined in part: (list reson)
Request for noted declined: (list reson)