mindhealth

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Transfer of Records Request

Consent to Transfer Clinical Records

Use this form to have a copy of your records sent to another psychologist or health professional, inside or outside this practice. Complete it and return it to us, and we will arrange the transfer.

We do not usually charge for sending a copy of your records. If a fee would apply because of the size or format of the request, we will tell you the amount before doing the work, and you can decide whether to proceed.

1. YOUR DETAILS

GIVEN NAMES

SURNAME

DATE OF BIRTH

PHONE

EMAIL

ADDRESS

SUBURB

STATE

POSTCODE

2. YOUR CURRENT PSYCHOLOGIST

NAME

PHONE

3. SEND THE RECORDS TO

NAME

PROFESSION OR ROLE

PRACTICE OR ORGANISATION

PRACTICE ADDRESS

POSTAL ADDRESS (IF DIFFERENT)

FAX

SECURE MESSAGE OR EMAIL

4. WHAT TO SEND

Select all that apply.

- ☐ Treatment summary report
- ☐ Assessment results
- ☐ Clinical session notes
- ☐ Reports sent to other health professionals
- ☐ Mental Health Treatment Plan
- ☐ All existing records

ANYTHING YOU DO NOT WANT SENT

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5. HOW TO SEND IT

- ☐ Secure electronic transfer
- ☐ Post to the practice address
- ☐ Fax
- ☐ Collected by me

6. YOUR AUTHORITY

- You may withdraw this authority in writing at any time before the transfer is made. Withdrawal does not undo a transfer already completed.
- The recipient may not pass these records on to anyone else without your further authority.
- We keep the original record. What is sent is a copy.

I authorise Mind Health Associates to transfer a copy of my records as set out above.

Client

PRINTED NAME	SIGNATURE	DATE

Parent, guardian or substitute decision-maker (if applicable)

PRINTED NAME	SIGNATURE	DATE

OFFICE USE

REQUEST RECEIVED	SENT BY	DATE SENT

METHOD USED, AND CONFIRMATION REFERENCE

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