

Request access to review your information

This access is for the purpose of reviewing information held about you and to advise corrections where incorrect or incomplete information has been recorded.

Applicant Details

Title: Given Names: Surname:
Date of Birth: Brightwater Site / Service:
Address:
State: Postcode:
Phone Numbers: (H): (M):

Details of Request

Describe clearly the documents you are requesting access to:

.....
.....
.....
.....

Please outline the reason you wish to access these document/s (optional):

.....
.....
.....

Brightwater do not generally make available copies of documents held about you, however will make them available to other providers of care and services to you such as specialists, hospitals, services providers and others upon their written request and your consent.

Supporting documents

I have attached a copy of my identification: Yes No

Applicant's signature: Date:

Please return this completed form to the relevant Brightwater Site Manager, post to Brightwater Central, 2A Walter Road West, Inglewood WA 6052 or email to HealthInformation@brightwatergroup.com

[BRIGHTWATER USE ONLY]

Received on: at (Site/Service):

Proof of Identity - Type: Original ID sighted: Yes No

Staff Name: Signature:

Date sent to Information Management (BWH): URN: