

RECORDS REQUEST – APPLICATION FOR RECORDS

TO:

Attention: Suzie Marosevic

Southport Day Hospital
 1/98 Marine Parade
 Southport QLD 4215

By email only: admin@southportdayhospital.com.au

MY NAME:

MY DATE OF BIRTH:

I underwent surgery, care and treatment by The Cosmetic Institute. I understand Southport Day Hospital holds those records.

This letter constitutes an application for a full and complete copy of records of or concerning me and/or my treatment held by you and/or in your control, pursuant to the *Information Privacy Act 2009* (Qld), the *Privacy Amendments (Private Sector) Act 2000* (Cth) and/or the *Privacy Act 1988* (Cth).

Please provide me with a full and complete copy of all records, including:

1. My pre and post-surgical photographs, including photograph compilations;
2. My initial TCI breast augmentation surgical records and post-operative records;
3. Any revision surgery files or records relating to subsequent procedure/s (if any);
4. Communications logs, as well as all internal and external emails;
5. Progress Notes, including Nursing Progress Notes; and
6. Complaints / Incident Management Records and/or related material, such as meeting minutes.

I have:



1.	Paid the records request fee of \$132 (including GST) into your bank account: <div style="text-align: right; margin-right: 20px;"> Account name: Southport Day Hospital BSB number: 034-215 Account number: 892-507 </div>	
2.	Attached my payment confirmation receipt to this request.	

Please forward my records to my secure email address at:@.....

I confirm my authority to release my records.

Signature:

Name:

Address:

Date: