

**Central Adelaide Local Health Network  
Authorisation to Access a Medical Record by an Agent  
under the *Freedom of Information Act 1991***

**Please circle the relevant Hospital(s)**

Royal Adelaide Hospital  
(RAH)  
*Including Hampstead Rehabilitation*

The Queen Elizabeth Hospital  
(TQEH)  
*Including St Margaret's Rehabilitation*

SA Prison Health Services  
(SAPHS)

---

**TO BE COMPLETED BY AGENT (PLEASE PRINT OR TYPE)**

I.....of.....  
**(Name of Agent)** **(Company/Address)**

Have been provided with proof, establishing the identity of .....  
**(Patient's Name)**

Signature ..... DATE / /

---

**TO BE COMPLETED BY PERSON TO PERMIT RELEASE OF MEDICAL  
RECORD INFORMATION TO AN AGENT (PLEASE PRINT OR TYPE)**

I hereby authorise the ..... to supply my agent  
**(RAH, TQEH, SAPHS)**

.....of.....

with information in relation to:

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

**NAME** .....

**ADDRESS** .....

.....

**DATE OF BIRTH** .....

**SIGNATURE** ..... **DATE** / /

---

**Royal Adelaide Hospital requests**  
The Freedom of Information Office  
Level 10  
Roma Mitchell House  
136 North Terrace  
ADELAIDE SA 5000

**The Queen Elizabeth Hospital & SA Prison Health requests**  
The Freedom for Information Office  
Level 9A  
The Queen Elizabeth Hospital  
28 Woodville Road  
WOODVILLE SOUTH SA 5011