

This form is to be completed to access Mater patient identifiable health information, datasets, statistics and health records as indicated below. All access and use of Mater patient health information both internal and external use, must comply with relevant legislation and Mater policies for internal use, specifically the Privacy Act and Mater's Information Privacy Policy. For more information, contact the Privacy Coordinator (privacyoffice@mater.org.au or phone 3163 2666).

SECTION A	REQUESTOR DETAILS (Person who will be accessing the information)
	Name: Position:
	Department: Contact No.:
	<i>I agree to keep all information provided pursuant to this request confidential and secure. I undertake to use only de-identified information if I produce any document or record from the information and to securely destroy all reports when no longer required.</i>
	Signature of Requestor: Date:

SECTION B	PURPOSE OF REQUEST
	Please indicate the purpose of your request. I require:.....
	<input type="checkbox"/> De-identified patient information where an individual patient will not be able to be identified from the data. Data is able to be provided without further approval.
	<input type="checkbox"/> Patient identifiable data to be used for direct patient care or management of patients within the clinical service. Data is able to be provided without further approval.
	<input type="checkbox"/> Patient identifiable data to be provided to an external person or agency. Approval is required by the Privacy Office (unless previously approved). <input type="checkbox"/> Evidence of Privacy Office approval attached.
	<input type="checkbox"/> Patient identifiable data to be used for research purposes. Approval is required by the Human Research Ethics Committee - HREC (unless previously approved). <input type="checkbox"/> Evidence of HREC approval attached.
	<input type="checkbox"/> Patient identifiable data to be used for any other purpose. Approval is required by the Privacy Office (unless previously approved). <input type="checkbox"/> Evidence of Privacy Office approval attached.
	This request is: <input type="checkbox"/> Once off <input type="checkbox"/> Regular / repeated..... (state frequency)

SECTION C	TYPE OF DATA REQUIRED
	<input type="checkbox"/> ICD -10AM coded data. Send request to the Casemix Service by e-mail .Casemix.
	<input type="checkbox"/> Casemix data. Send request to the Casemix Service by e-mail .Casemix.
	<input type="checkbox"/> Clinical data from..... (state system). Send request to System Administrator.
	<input type="checkbox"/> Paper or scanned health records. Batch request records on iPM (preferred) or fax list to 3163 8091 for MHS records or 31631227 for MPH records or 3163 7300 for MPH Redlands records.
	<input type="checkbox"/> Clinical Images. Type of Imaging: Details of Imaging:
	URN: Patient Name: DOB.....
	URN: Patient Name: DOB.....
	URN: Patient Name: DOB.....

Internal Use Only: The Material within this document has been developed solely for the internal business purposes of Mater Health Services. Disclosure of information of this classification may result in a breach of statutory or regulatory obligations by the Mater.

NOTICE OF CURRENCY: If viewing a printed copy of this document, NEVER assume that the printed copy being viewed is current. Always check the online Mater Document Centre to confirm you are viewing the current version of this non-clinical form.

SECTION D	<p>COMPLETE IF PAPER HEALTH RECORDS ARE REQUIRED</p> <p>Date records are required by: (If possible, 10 working days' notice is required).</p> <p>How many records are required in total?</p> <p>Can records be provided in smaller batches: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", frequency of batches:</p> <p>Details of what you need to access in the health record, this will help us to determine what record volumes to provide:</p> <p>Health records are to be viewed within the Health Record Service. Tick this box if this is not possible and we will call you to discuss further. <input type="checkbox"/></p>
------------------	---

SECTION E	<p>DATA DETAILS</p> <p>Details of data required - please tick which data you require and add applicable selection criteria</p> <p>Date information required by:</p> <p>Mater Facility: <input type="checkbox"/> Adults Public <input type="checkbox"/> Children's Public <input type="checkbox"/> Children's Private <input type="checkbox"/> Mothers Public</p> <p><input type="checkbox"/> Mothers Private <input type="checkbox"/> South Brisbane Private <input type="checkbox"/> Redlands Private <input type="checkbox"/> Springfield Private</p> <p><input type="checkbox"/> Unit record number <input type="checkbox"/> Date of birth <input type="checkbox"/> Age <input type="checkbox"/> Age range:</p> <p><input type="checkbox"/> Admission date Date range: <input type="checkbox"/> Discharge date Date range: <input type="checkbox"/> Length of stay Date range: OR Same day only <input type="checkbox"/> <input type="checkbox"/> Overnight only</p> <p><input type="checkbox"/> Discharge Unit: <input type="checkbox"/> Consultant: <input type="checkbox"/> DRG: <input type="checkbox"/> Diagnosis: <input type="checkbox"/> As principal diagnosis only <input type="checkbox"/> Any occurrence</p> <p><input type="checkbox"/> Procedure:</p> <p><input type="checkbox"/> Other details:</p>
------------------	---

Internal Use Only: The Material within this document has been developed solely for the internal business purposes of Mater Health Services. Disclosure of information of this classification may result in a breach of statutory or regulatory obligations by the Mater.

NOTICE OF CURRENCY: If viewing a printed copy of this document, NEVER assume that the printed copy being viewed is current. Always check the online Mater Document Centre to confirm you are viewing the current version of this non-clinical form.