**Request for a Deceased Person’s Information**

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| ***All completed forms to be sent to Release of Information to be actioned*** |

Northland District Health Board cannot release a deceased person’s information unless it is being released to, or has been authorised by, the deceased person’s representative.

The term representative means the Executor / Trustee or Administrator of the deceased person’s estate.

The representative must also provide the following:

* A copy of the front page of the deceased patient’s Will or Letters of Administration as proof that s/he is the deceased person’s representative; and
* Photo proof of the representatives identity (e.g Drivers Licence)

This is not required where the representative is either acting in their professional capacity as a Barrister & Solicitor of the High Court of New Zealand or a Trustee Corporation.

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| A | I am the Executor / Trustee or Administrator of :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (**Print Deceased Person’s Name) (Deceased persons Date of Birth)** |
| B | I authorise Northland District Health Board to Release the information as indicated to:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Print name of person the information is to be released to) |
| C | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| D | 🞏 I attach a copy of the Will / Letters of Administration as proof that I am the deceased person’s representative.  🞏 I attach a copy of photo ID as proof of my identity. |

**How to submit completed forms**

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| Post all required documents to :  Release of Information  Northland District Health Board  Private Bag 9742  Whangarei 0148 | Email all documents to:  Release.ofinformation@northlanddhb.org.nz | Our fax number is:  09) 470 0017 |

**Request for a Deceased Person’s Information**

***All completed forms to be sent to Release of Information to be actioned,***

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| **Information Required** |
| **Type of Information Required:**  Purpose of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please select from the boxes below:  🞏 Discharge Summary 🞏 Clinic Letters 🞏 Radiology Reports 🞏 Laboratory Reports  🞏 Mental Health Notes 🞏 Operation Notes 🞏 Inpatient Notes  Any extra Information :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Information Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Urgent? 🞏 Yes 🞏 No  If this request is **Urgent** please state reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Every effort will be made to meet the requested time frame, but this will not always be possible. In accordance with the Privacy Act 2020 44 (1),we will respond to your request no later than 20 working days after date of receipt* |
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| **Information Delivery Details** |
| 🞏 To be collected in person (you will be asked for ID) 🞏 Standard Post 🞏 Email 🞏 Fax (Urgent requests only) |
| **Patient e-mail address for receipt of clinical correspondence**  *Please provide your e-mail address ONLY if you are happy for NDHB to use this method to send clinical correspondence to you, instead of via NZ Post. Please advise NDHB in writing immediately if your contact information changes. Please note: Information will be less secure when sent via e-mail.* |
| **Office use only**  🞏 ID Sighted by Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Privacy Act 2020**

This Act provides individuals with two distinct advantages. It protects your privacy by protecting any personal information and it permits you to have access to your own personal information stored by other individuals or agencies. Northland District Health Board keenly supports both principles and we will do all we can to protect your health information and provide you with that information request.

To ensure privacy and access are protected, information will only be given on receipt of a completed Personal Health Information Request Form with accepted ID and authorisation where appropriate.

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| **If you have any questions** | **If your request has been declined** |
| If you have any difficulties or need some advice on your application please contact:  Release of Information  Telephone: 09 430 4101 Extension 7460  Email Release.ofinformation@northlanddhb.org.nz | If you are declined access you may contact the:  Privacy Commissioner  PO Box 466  Auckland  Telephone: 09 302 8680 |