

Authority to release health information

Cannabis Doctors Australia Pty Ltd ABN 72 623 812 242 (CDA Clinics)

Date		DOB	
Patient full name			
Address			
Fax			
Dear Dr			

The above patient is attending CDA Clinics and requests transfer of their complete medical history, including:

- Health summary
- Medical report(s)
- Clinical notes
- Pathology
- Discharge summaries
- Care plans
- Health assessments
- Medical imaging

Legal disclaimer

This document and the records requested herein contains confidential patient information that is legally privileged. This information is intended solely for the use of the individual or entity to whom it is addressed, in accordance with the Australian Freedom of Information Act (FOI Act). If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this information is strictly prohibited and may be unlawful. CDA Clinics has taken reasonable steps to ensure that the information contained in this release is accurate and up-to-date. However, CDA Clinics makes no warranty or representation as to the accuracy or completeness of the information. CDA Clinics is not liable for any errors or omissions, or for the results obtained from the use of this information. All patient information is de-identified to protect privacy, except where the release of specific information is authorized by the patient or required by law. CDA Clinics complies with all applicable privacy laws and regulations, including the Australian Privacy Principles (APPs)

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CDA Clinics Fees and Charges – see cdaclinics.com.au/faqs/service-policies for full details.
 Patient requesting Clinical Notes may incur a fee of \$25 (plus GST) and applicable postage charged to the patient.
 Patient requesting Medical Report/s may incur a fee of \$150 (plus GST) charged to the patient.
 Third-party requesting Clinical Notes may incur a fee of \$150 (plus GST) charged to the third-party.
 Third-party requesting Medical Report/s prepared by CDA Clinics doctor fee of \$300 (plus GST) may be charged to third-party.*
 *Our doctors can charge at their discretion for this service, amount advised is estimate only.

Please see next page for patient consent form.

Patient consent

This is a signed authority for release of my health information as specified above.

I, _____ understand an administration fee may be charged
 (name)

for this service and this is the responsibility of myself. If you charge a fee for the transfer of files, please

contact me directly on _____ .
 (phone number)

Patient full name	
Patient signature	