

Healthcare on Collins

Home of Midtown Medical Clinic & The Melbourne Sports Medicine Centre
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HEALTHCARE ON COLLINS

REQUEST FOR COPY OF MEDICAL RECORDS

Authorisation Form

I, (Patient's full name)

Date of Birth: / / Phone:

Email:

Of (Patient's current address):

.....

.....

request that a copy of my full medical history held by:

Doctor/Practice:

Address:

.....

.....

Phone: **Fax:**

Email:

By signing this form, I authorise the release of my full medical records to Healthcare on Collins.

Signature: **Date:**

Practice use only:

Preferred format is .xml data and method of transfer:

HealthLink (EDI: midtown)

ReferralNet: healthcareoncollins

if none of the options above are suitable, we can provide an individual, secure Sharepoint link for upload.

We do not recommend using email without password protection and do not accept USB for security reasons.

Please return the completed form to Healthcare on Collins for processing.