

REQUEST FOR ACCESS OF INFORMATION FORM

Section 1 – Applicant Details

Name of Client: _____ Penelope/Foxtrot Database #: _____
 D/O/B: _____
 Address: _____
 Telephone Numbers: (H) _____ (M): _____

Please provide a copy of the following forms of identification:

- Drivers licence
- Passport
- Other form of photo identification

ID sighted and copy taken/provided _____

Section 2 – Request Details

Would you prefer access to all or part of your record?

- All
- Part

If partial access is required, describe clearly the specific information or documents you require:

What form of access would you prefer?

- Photocopy of record
- View the record
- View the record with explanation

What is the reason for your request?

If you are requesting a photocopy of the record, who or where should it be sent to?

Section 3 – Acknowledgement of Costs

I acknowledge that if there is a cost involved in providing the requested information, that payment is required on/or prior to collection.

Signature: _____ Date: _____

Please return the completed form to the Yorgum reception area or by mail to:

Yorgum Healing Services
PO Box 236 Northbridge WA 6854