Patient Request for Access *or Transfer of Personal Medical records*

Patient Full Name	DOB	Address

Children < 18 yo			
DOB			

Previous Practice	

The above mentioned now attend Vitalia healthcare for reasons of personal convenience. To assist in their future medical management please forward their clinical records.

Our preferred method of transfer is electronic means, ideally a Non Rewritable CD.

Best Practice: From within the patient file, go to *File – Patient Export –* choose the items to include and choose XML format. Export the file to your desktop and then burn this file to a disc or memory stick for posting. The process takes approximately 5 minutes.

Medical Director: File export is done from HCN maintenance. Generally this is also done in XML format. Please check your HELP function or contact MD for advice.

If electronic means is not available, then please forward by mail or fax.

Yours Sincerely,

Practice Manager
Vitalia Healthcare

_____

Patient's Signed Authority

I _____ (Patient's full name) of

_____ (Patient's current address)

Formerly of _____ (Patient's former address)

Authorise the release of my/my family's medical records to be forwarded to Vitalia Healthcare.

Signed: _____   Date: _____