

REQUEST FOR ACCESS TO PERSONAL INFORMATION

Requests for Resident Information

Please familiarise yourself with the requirements below in order to assist you in completing your application.

Making the Request

It is important to complete all information requested on the form, including the residents' full name, your authority to make the request and the relevant facility.

It will assist us if you are as specific as possible in the information you request. Your request should, if possible, set out the specific documents you seek or specify the incident, date range or issue that you would like documentation for.

For example, it will assist us if your form set out that you are seeking the 'cognition report' for the resident instead of 'all medical assessments'.

Why does Regis ask that requests are specific?

Specific requests help us to ensure that we are as responsive as possible. There is a large volume of documentation accumulated for each resident in our care, so narrowing the field of what information you are seeking will help us to locate and provide any relevant documentation more quickly.

Specific requests may also mean that no fee is incurred for access, as Regis is able to process these requests more efficiently.

What happens when I make a request?

1. **Regis will assess the request in order to determine if you have legal authority to have access to that information.**

This assessment is made in line with the applicable legislation in each state and/or territory and is required to meet our legal obligation to provide personal resident information only to those with proper authority.

2. **Regis will locate the relevant documentation, and determine whether any costs will be incurred in providing you access to it.**

For example, if information is located in our archives or there is a large volume of documentation that will require copying or printing, you may incur a cost for access.

3. **Provide information**

As per Regis' policy, if we are satisfied that the applicant has authority to have access to the information requested, we will endeavour to provide the information requested to the applicant within 30 days from the date of receiving a satisfactory application.

REQUEST FOR ACCESS TO PERSONAL INFORMATION

PART 1 – REQUEST FOR ACCESS TO PERSONAL INFORMATION

	<i>Tick one box only</i>
Are you requesting Personal Information about yourself?	Yes <input type="checkbox"/> Complete sections A and C below No <input type="checkbox"/> Complete sections B and C below

A. To be completed if you are requesting Personal Information about yourself.

If you are a Resident, complete column 1 rows i and ii below. In all other cases complete column 2 rows i – v below.

	Column 1 - Resident	Column 2 - Other
i. Full Name		
ii. Name of Regis Residence		
iii. Details of your relationship with Regis		
iv. Address:		
v. Contact Phone Number:		

B. To be completed if you are requesting Personal Information about someone else.

If that person is a Resident, complete column 1 rows i - v and vii below. In all other cases complete column 2 rows i – vii below.

	Column 1 - Resident	Column 2 - Other
i. Your Name		
ii. Your Address		
iii. Your phone number:		
iv. Full Name of the person whose Personal Information you require		
v. Name of Regis Residence		
vi. Details of that person's relationship with Regis		
vii. Details of your authority to obtain the Personal Information.		

*** Please attach a copy of any authority which supports your request.**

C What Personal Information are you seeking access to? (Is there a particular piece of information that we should look for? For example, if you are a resident, specific medical history for the last 2 years, or if you are a friend of a resident, your emergency contact details.)

Signature of person requesting personal information:	
Date:	

REQUEST FOR ACCESS TO PERSONAL INFORMATION

PART 2 – REQUEST FOR CORRECTION OF PERSONAL INFORMATION

Tick one box only

Are you requesting correction of Personal Information about yourself?	Yes <input type="checkbox"/> Complete sections A and C below
	No <input type="checkbox"/> Complete sections B and C below

A. To be completed if you are requesting correction of Personal Information about yourself.

If you are a Resident, complete column 1 rows i and ii below. In all other cases complete column 2 rows i – v below.

	Column 1 - Resident	Column 2 - Other
i. Full Name		
ii. Name of Regis Residence		
iii. Details of your relationship with Regis		
iv. Address:		
v. Contact Phone Number:		

B. To be completed if you are requesting correction of Personal Information about someone else.

If that person is a Resident, complete column 1 rows i – v and vii below. In all other cases complete column 2 rows i – vii below.

	Column 1 - Resident	Column 2 - Other
i. Your Name		
ii. Your Address		
iii. Your phone number:		
iv. Full Name of person whose Personal Information you require corrected:		
v. Name of Regis Residence		
vi. Details of that person's relationship with Regis		
vii. Details of your authority for correction of the Personal Information.		

*** Please attach a copy of any authority which supports your request.**

C Details of required correction to Personal Information

Signature of person requesting correction of personal information:	
Date:	