

Patients Notes Requests

On signing this request form, patient must be aware that the clinician is unable to:

1. Alter or amend any notes, clinical entries, specialist letters and clinical results made by the clinician or by other clinicians.
2. All cases of Suspected Insurance Fraud may be reported to the NZ Police and Serious Fraud Office, New Zealand without the patient's consent as this constitute a breach of New Zealand law.
3. Any appeal over the insurance outcome must be made to the Insurer, ACC, or compensation organization directly and if unsuccessful, escalated to the Insurance Council of New Zealand (ICNZ) regulated by the Financial Markets Authority or to the Minister of ACC. High Street Health Hub will not provide any fraudulent information to the authorities and is not responsible for the outcome of the insurance claim whether successful or unsuccessful.

Advisory notice:

4. Patient consent will need to be provided to High Street Health Hub in the form of writing before any information, notes, or documentation is provided to a third-party requesting information.
5. Patient agrees to costs (from \$20.00 to \$260.00 photocopying/Electronic of clinical notes) incurred payable by patient or requesting party at their expense.

The patient understands and agrees to the above policy by signing the below:

Name _____

NHI _____

Date _____ DD/MM/YYYY

