



**ST CATHERINE'S HOSTEL
Management**

Request to Access Information

Form no: 4.0.4

Name of applicant: _____

Address of applicant: _____

Contact phone no: _____

Name of person to which information pertains: _____

Date of birth of person to which information pertains: _____

Relationship of applicant to person to which information pertains: _____

Evidence of relationship: _____

I wish to request access to:

- All health information held by your organisation
- Some of the health information held by your organisation
- All personal information held by your organisation
- Some only of the personal information held by your organisation

Specify:

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I request access be provided in the following manner:

- Inspection of record of information
- Printout or copy of information
- Viewing the information

Preferred time and date for an explanation of the information in the record:

I understand that the information provided in this form will be used only for the purpose of assessing and processing this request for access.

I agree to pay any fee which may lawfully be charged for providing access and/or receiving an explanation of the information.

I agree that access may be withheld until payment of any legitimately charged fee has been made.

I consent to provide further information if this is deemed necessary for the purpose of properly verifying my identity and my right to access the information requested on this form.

Signed:

Date: