

EVIDENCE OF IDENTITY

(Applicant & person submitting on behalf of Applicant if applicable)

To protect patient privacy, satisfactory evidence of identity of the Applicant (and if applicable person submitting the Application on behalf of Applicant) is required before access to health information can be provided. This can be established by providing one of the following acceptable identity documents:

- Passport
- Birth Certificate (extract or original Certificate)
- Drivers Licence
- Statutory Declaration from an individual who has known the person for at least 1 year: or
- if the person is a prisoner within the meaning of the *Corrective Services Act 2006* - a copy of the person's identity card from the department administering that Act that is certified by a corrective services officer within the meaning of that Act.

IF APPLYING IN PERSON:

Bring an original of one of the above documents for verification and photocopying by an agency officer.

IF APPLYING BY MAIL OR ELECTRONIC MEANS:

Send with your application a photocopy of one of the identity documents listed above. The photocopy must bear the original signature of a Commissioner for Declarations, Justice of the Peace, Lawyer or Notary Public certifying the photocopy to be a true copy of the original document, which they have sighted.

Documents that bear a photocopied or facsimile copy of the certification/signature will not be accepted

DO NOT SEND ORIGINAL IDENTITY DOCUMENTS THROUGH THE MAIL

Copies of identity documents will be securely destroyed once your application has been processed.

APPLICANT'S IDENTIFICATION

Type of Identification Provided:-

- Passport
- Birth Certificate (extract or original Certificate)
- Drivers Licence
- Statutory Declaration from an individual who has known the person for at least 1 year:
- if the person is a prisoner within the meaning of the *Corrective Services Act 2006* - a copy of the person's identity card from the department administering that Act that is certified by a corrective services officer within the meaning of that Act.

Name & signature of agency officer accepting identification:

IAU USE ONLY - ID meets policy/legislative requirements: Yes No - IAU Staff Signature:

IF APPLICABLE - IDENTIFICATION OF PERSON SUBMITTING APPLICATION ON BEHALF OF APPLICANT

Type of Identification Provided:-

- Passport
- Birth Certificate (extract or original Certificate)
- Drivers Licence
- Statutory Declaration from an individual who has known the person for at least 1 year:
- if the person is a prisoner within the meaning of the *Corrective Services Act 2006* - a copy of the person's identity card from the department administering that Act that is certified by a corrective services officer within the meaning of that Act.

Name & signature of agency officer accepting identification:

IAU USE ONLY - ID meets policy/legislative requirements: Yes No - IAU Staff Signature:

This completed form is not to be filed in the patient record. Refer to the Information Access Unit for processing of Application.