

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

Patient Full Name	DOB	Address

Children < 18 yo			
DOB			

Previous Practice	
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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: \_\_\_\_\_