|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Details –** Person whose assessment report is to be accessed | | | | | | | | | | | | |
| **Full name of the Client:** | | | |  | | | | | | | **Date of Birth:** |  |
| **Address:** | |  | | | | | | | | | | |
| **Contact phone number:** | | | | |  | | | | **Email address:** |  | | |
| **What year was the Client assessed?** | | | | | | |  | | | | | |
| **Requestor details** (if different from above) | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | |
| **Relationship to Client?** | | | |  | | | | | | | | |
| **Contact phone number:** | | | | |  | | | | **Email address:** |  | | |
| **I have the following authority to request this information (please tick):** | | | | | | | | | | | | |
| I am the parent or legal guardian of the child who is under 16 years of age  I have lawful authority (such as a power of attorney) over the Client’s affairs | | | | | | | | | | | | |
| **Report(s) to be sent to:** | | | | | | | | | | | | |
| Unless advised otherwise, reports will be emailed to the Client’s or the Requestor’s email address. If you would like a copy posted, please provide the postal address below. | | | | | | | | | | | | |
| Postal address: | | |  | | | | | | | | | |
| **Additional Information** | | | | | | | | | | | | |
| Date the report is required by: (if urgent please state the reason) | | | | | |  | | | | | | |
| Client’s contact details at the time of the assessment if different from above: | | | | | | | |  | | | | |
| **Proof of identity: is required for all requests.** The following forms of identification are acceptable: Driver’s Licence, photo/signature page from a valid passport, or other form of identification (e.g., Community Services Card). | | | | | | | | | | | | |
| **Fee:** There is no fee for requesting a copy of a report.  We are a charity and have limited resources. If you would like to make a donation, we would be grateful - our bank account details are below. Please include your name and use “donation” as the reference.  Bank Account Number: **06-0257-0253986-00** Account Name: **Seabrook McKenzie Trust**  **Please tick if you would like a receipt emailed to you.** With a donation of $5 or more, you may be entitled to a tax credit. | | | | | | | | | | | | |

**Personal Information**: Records are retained for 10 years and are then destroyed. Your request may take up to 20 working days to complete. We will contact you if an extension to this timeframe is required. Under the Health Information Privacy Code 2020, we may refuse access or disclosure of certain parts of your records. You have the right to review the decision through the Privacy Commissioner. You have the right to correct any personal information we may hold. Please contact the Centre’s Privacy Officer, the Director, via info@seabrookmckenzie.net, if you have any questions.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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| **Official Use Only**  Date received: \_\_\_\_\_\_\_\_\_ I.D provided: Yes No Date Actioned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_  Emailed: Posted: Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |