

ROYAL ADELAIDE HOSPITAL

**APPLICATION FOR ACCESS BY SOLICITORS TO A CLIENT
RECORD UNDER THE FREEDOM OF INFORMATION ACT**

The Freedom of Information Officer
Royal Adelaide Hospital
North Terrace
ADELAIDE SA 5000

TO BE COMPLETED BY SOLICITOR (PLEASE PRINT OR TYPE)

I.....of.....
(Name of Solicitor) **(Address)**

have been provided with proof, establishing identity of.....
(Client's Name)

Dated this.....day of.....20.....

Signature.....

**TO BE COMPLETED BY PERSON REQUESTING FREEDOM OF
INFORMATION TO PERMIT SOLICITOR ACCESS TO THEIR
MEDICAL RECORD INFORMATION**

(Please Print or Type)

I hereby authorise the Royal Adelaide Hospital to supply my solicitor

.....of.....

with such information as may be required in relation to my general medical health, and, in particular, with regard to
in which I was involved on theday of.....20....

Dated this.....day of.....20.....

NAME:

ADDRESS:
.....

DATE OF BIRTH:

SIGNATURE: