

# FORM E

## Request to Access Record

I \_\_\_\_\_ Date of Birth / /  
(Full Name)

Request access to my client record file for the purpose of reviewing the accuracy of the information contained.

Request the release of a copy of my file contents related to:

OR  Entire file

\_\_\_\_\_  
(Specific issue)

My psychologist/ provider is \_\_\_\_\_  
(Full Name)

I acknowledge that that access to my file applies only to records created or modified after the 21<sup>st</sup> December 2001 and access to my file will incur an administration fee (as per the Australian Psychological Society [APS] recommended fee schedule) associated with Assure Programs or the Assure Programs psychologist/ provider responding to and fulfilling this request.

Assure Programs will discuss the administrative fees with me prior to responding to my request.

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

### Contact Details

Phone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Mobile) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_