Patient Declaration and Consent

Release of Non-Sensitive Results

Purpose

For release of non-sensitive results to, or with the consent of, the patient or their parent/legal guardian (where the patient is under 14 years of age) in accordance with NSW Health Pathology Release of Results Policy NSWHP_PD_016. Note that release of results to patients 14 to 16 years of age should ideally be with the consent of the parent/legal guardian, subject to any reasonable objection raised by the child.

Details of Person Results Being Released To			
Patient's Name			
Address			
Date of Birth		**Contact Number**	
MRN		**Lab Numbers**	

Results may only be released to the following persons. Please complete the relevant check box:

a) The patient or	
b) The patient's authorised representative or	
c) The minor patient's parent or guardian.	

Note: for requests by an authorised representative where the patient is unable to provide consent, separate evidence of the representative's legal authority must be obtained e.g. current power of attorney or guardianship documents.

I, (Full name) _____ acknowledge that:

1. The results for lab numbers listed above have been issued to me at my request.
2. NSW Health Pathology staff have explained to me the necessity of having these pathology results interpreted by my doctor.
3. I understand it is my responsibility to have these results reviewed by my doctor.
4. I consent to my results being provided to _____ (name of authorised recipient, or insert "N/A".)

Signed: _____ Date: _____

Identification Check			
A minimum of two forms of identification must be verified by NSW Health Pathology staff as follows: *a) Australian driver's licence or Australian passport or* *b) Two other forms of identification that include signature and current address details.*			
Driver's Licence Number or Passport Number		**Expiry Date**	
Second Form of ID (Please State)			
Medicare Number		**Valid to**	
Hospital ID Card/MRN			
Checked by		**Extension**	
Signature		**Date**	