

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 be with the consent of the parent/legal guardian, subject to any reasonable objection raised by the child.

Section A: Patient Details			
Patient's Name			
Address			
Date of Birth		Contact Number/email	
MRN (if known)		Date of test / location	
Results may only be released to the following persons. Please ensure the relevant check box is ticked:			
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.			

Section B: Declaration of patient/authorised person receiving the result

I, (the person receiving the results) _____ acknowledge that:

NSW Health Pathology staff have explained to me the necessity of having these pathology results interpreted by the referring doctor. I understand it is my responsibility to action this review.

The patient/or delegate has consented to these results being provided to me.

Signature _____ Date: _____

Section C: Officer/ administration use only			
Identification Check - Staff Verification of person receiving results			
The patient or delegate must fill out the patient details, Section A and provide one additional form of identity for verification by NSW Health Pathology staff. Staff <u>must</u> personally sight the ID and check expiry:			
Passport (valid) <input type="checkbox"/>		Drivers Licence <input type="checkbox"/>	
Medicare card <input type="checkbox"/>		Other photo ID _____ <input type="checkbox"/>	
ID seen by (staff name)		Mode of delivery	
Staff signature		Date sighted	
ID destroyed by (staff name)		Date destroyed	

[Use the most up-to-date version of this form by downloading it here](#)

Author: Director, Pre and Post Analytics	Form Number: NSWHP_F_025
Approved by: Clinical Operations	Version: V2.0
Modified: 05/09/24	Published: 06/09/24