Authority to Release Radiology Records (RPRAD05)

Use this form if:

i) You are a Royal Perth Hospital patient

ii) An application for radiology records has been submitted

iii) You would like Royal Perth Hospital to release you records to your relative, next of kin, carer or guardian on your behalf.

Patient Details

WA Health UMRN (if known): _____

Last Name: _____ First Name: _____ DOB: _____

Date of Birth: _____

Address: _____

Applicant Details

Last Name: _____ First Name: _____ DOB: _____

Address: _____

Relationship to patient:

☐ Relative → Relation: _____

☐ Carer

☐ Next of Kin

☐ Legal Guardian

Applicant Signature: _____ Date: _____

Patient Consent

Written patient consent is required for all third-party applications, unless the applicant is the patient's legal guardian.

I, _____ PATIENT NAME , authorise the release of my radiology records (including images and reports) to the applicant listed above.

Patient Signature: _____ Date: _____