[insert date]

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| **Private and Confidential****Urgent****Attention: [insert practitioner's name]**[insert practice][insert address] |  |

Dear [insert name]

**Authority to release records - [insert patient's name]**

We refer to the **enclosed** authority to release records duly electronically executed by [insert patient's name] (**the Patient**)on [insert date]. You will note that the authority requests receipt of the stated documents within fourteen days.

We do not appear to have received these records from you.

The authority for you to provide access is made pursuant to the Australian Privacy Principles (**APP**) under the *Privacy Act 1988* (Cth). In particular, APP 6 provides:

*"If an APP entity holds personal information about an individual that was collected for a particular purpose (the* ***primary purpose****), the entity must not use or disclose the information for another purpose (the* ***secondary purpose****) unless… the individual has consented to the use or disclosure of the information…"*

(our emphasis added).

[***OPTIONAL CLAUSE 1 (if electronic signature queried):***

We note your concern that the electronic signature is not a valid signature, and therefore the authority is not properly executed by the Patient. It is a well-established principle of law that an agreement can be in electronic form and signed or executed electronically by the individual typing his or her name. ***END OF OPTIONAL CLAUSE***]

Moreover, APP 12 provides:

*"If an APP entity holds personal information about an individual, the entity must, on request by the individual, give the individual access to the information."*

We also wish to draw your attention to the Dental Board of Australia's Code of Conduct, which provides that *"Good practice involves… using consent processes, including formal documentation if required, for the release and exchange of health and medical information".*

We look forward to receipt of copies of all treatment plans, consultation notes, correspondence, records, digital imaging and diagnostic reports and/or any other such documentation or information held by you or your practice as a matter of urgency. Please ensure that copies of all medical imaging are provided on CD-ROM.

Should you be minded to continue to withhold release of the Patient's records, we recommend you contact your professional indemnity provider for advice in relation to your legal and ethical obligations.

[***OPTIONAL CLAUSE 2:***

We reserve our right to make a notification of improper professional conduct to the Office of the Health Ombudsman in relation to this matter. ***END OF OPTIONAL CLAUSE***]

In the meantime, should you have any queries or wish to discuss this matter, please contact [insert name] on [insert phone number].

Yours faithfully

|  |  |
| --- | --- |
| [insert signature] |  |