

**Approval to Access Medical Records for Research
Purposes
(for non-SVHAC employees)**

Every non-SVHAC researcher wishing to access medical records for the purpose of research at any SVHA Queensland facility must have approval by the facility General Manager and Privacy Officer having signed the Privacy Declaration below. This approval is only valid for the project specified on this form.

Accompanying documents required:

All applications must be accompanied by:

- A current signed patient consent to access records (<12 months)
- A copy of the study protocol
- Evidence of ethics approval. For example, ethics approval letter by approving HREC.

Principal Investigator:	
Project Title:	
HREC Project No:	
Expiry of Ethical Approval:	

Person that will need access to the medical records (if > 1 person, all must sign a declaration):

Name:	
Profession:	
Organisation:	
Aust Health Practitioner Regulation Agency (AHPRA) Registration:	Yes <input type="checkbox"/> No <input type="checkbox"/> AHPRA Reg No: If No, has appropriate training been arranged with the Manager, Health Information Services relating to privacy and confidentiality? Yes <input type="checkbox"/> No <input type="checkbox"/>

Privacy Declaration

I agree to abide by St Vincent's Aged and Shared Services Privacy Policy and at all times comply with the relevant Australian Privacy Principles (APPs) under the Commonwealth Privacy Act (1988) and the Australian code for the responsible conduct of research (2007) whilst accessing medical records for research purposes.

I agree that if given access to confidential information, confidentiality must be maintained. Information must only be used for the purpose for which it was requested and with relevant consent obtained.

I also agree to keep confidential any information concerning persons or events that comes to my attention at St Vincent's Health & Aged Care Facilities. Such information includes anything relating to the research above, and any other information which I hear, see or read during my time at the hospital.

Researcher's Name:

Signature:

Date:

Principal Investigator's Name:

Signature:

Date:

OFFICE USE ONLY

Approval granted to access medical records for the purpose of the research project outlined above:

Yes No

Privacy Officer: _____ Date: _____

Facility General Manager: _____ Date: _____