

How to Transfer Information from Records of Your Previous Optometric Care

If you have consulted another optometrist before, and would like to have the information in your records transferred to EyeSense Vision for ongoing care by optometrists Liz Wason or Steve Leslie, please follow the procedure by filling out the form provided on page 2.

It is common for people to assume that their health care record, for instance by a doctor or optometrist, belongs to you. However, under the Federal Privacy Act 1988 the record is considered to be the health care practitioner's record of their care for you, and the record actually belongs to the practice. However, you can ask for a copy or a summary of the record of care, to be transferred to an optometrist of your choice, within a reasonable time.

Under the Federal Privacy Act 1988* the optometry practice transferring the records can charge you a reasonable fee for the time involved.

Once you have consulted Liz or Steve, they may also recommend that previous results of special tests, such as retinal photos, visual fields, optical coherence tomography, corneal topography and colorimetry, be requested by you to be transferred to EyeSense Vision. You are entitled to ask for these results to be transferred at no charge, just as you receive X-ray or MRI results. Another form to provide permission to transfer these results is available.

You may be required to fill out a different release form by the practice from which you are requesting a copy or summary of the record of care and/or test results. To begin the process, please fill out and sign the form below and send it to the practice where you were seen before, either by faxing, or scanning and emailing the completed form to the previous practice.

If you have any further questions please email us at contact@eyesensevision.com.au.

Liz Wason and Steve Leslie

- The Privacy Policy of EyeSense Vision Centre is available on our website.



Date:
Name:
Address:
Date of Birth:
Your email address:

To the previous optometrist:.....

Would you please provide a printout of the records, or a summary, of your care for me and the family members listed below, to be sent to:

Liz Wason and Steve Leslie
EyeSense Vision Centre
Unit 2, 643 Newcastle St
Leederville WA 6007
Email: contact@eyesensevision.com.au

People, with their dates of birth, for whom records are requested:

1.....

2.....

3.....

4.....

Thank you

Signed.....