



Request Form To Access Personal Records

Form for completion by client

Declaration: Please declare the nature of the request for client records

Requesting Your **Own** Information

I am the client, and I am requesting my own information.

Please note: EAP Services Ltd will not release information to another party in most cases even if the client has requested us to. The release of client information will be managed via the client themselves e.g. we will provide the client their information and they can pass on.

How To Request

1. Please complete section 1 and 3

Note: If the email address provided in section 1 does not match the email address we have on record, you will need to formally request to have your records updated to include the new email address. Please either ring or come in and speak to us.

2. Please provide required proof of identity (s57 Privacy Act, 2020)

a. Copy of current photo identity with signature (passport or drivers license) where possible.

**Copies of photo identity provided will be deleted once verified.*

3. Email the completed form with copy of proof of identity to:

cst@eapservices.co.nz

Requesting **Someone Else's** Information

I am requesting information on behalf of the client e.g. you are the client's nominated representative or next of kin.

How To Request

1. Please complete section 1, 2 and 3

2. Please provide the required paperwork:

a. A copy of identity for both the client and the client's nominated representative (passport or driver's license)

b. Proof of authorisation as the client's nominated representative (where applicable):

- Letter of authorisation from the client
- A copy of power of attorney
- A copy of official documentation confirming the requester as next of kin
- A copy of the death certificate

3. Email this completed form with the applicable documents to:

cst@eapservices.co.nz



Section 1

Client Details

First Name: []	Surname: []
Email: []	Previous Surname: []
Phone Number: Click or tap here to enter text.	Date of Birth: []
Address: []	

Section 2

Requestor's Details

Please complete this section if you are requesting details on behalf of the client. Please note we can only release information provided you give us a copy of the appropriate documents outlined above.

First Name: []	Surname: []
Email: []	Relationship to Client: []
Address: []	
Phone Number: []	

Section 3

Information Required

Time Period your request covers:

I would like copies of the following records to be sent to the above persons email address (please select records required)

<input type="checkbox"/>	Record of attendance
<input type="checkbox"/>	Case Notes
<input type="checkbox"/>	Other*: <i>Please list</i>

*Disclaimer: Please note EAP services are unable to provide you with psychological or legal assessment reports.

Documents will be emailed to the address provided in section 1 or section 2 unless otherwise stated. If you require the documents to be posted, these will be sent at your cost by Courier Signature Required.



Office Use Only

Request received via: Email <input type="checkbox"/> Web <input type="checkbox"/>
Person receiving request: (name and position) <input type="text"/>
Photo ID sighted or copy received: Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Click or tap here to enter text.
Required documents attached: Click or tap here to enter text.

Office Use Only Outcome of notes request

All requested information sent to requestor via: Email <input type="checkbox"/> Courier <input type="checkbox"/>
Request for notes declined in part: (list reason) <input type="text"/>
Request for noted declined: (list reason) <input type="text"/>