

# Request for Information Form

Under the Privacy Act, information may only be given to the owner of the information or to someone authorised by them to collect it. To help us comply, please complete this form for all requests for information from our pharmacy.

Information requested. **Tick ✓**

**Tax Printout\***

*All prescriptions dispensed for financial year.  
Issued from individual pharmacies.*

**Safety Net Printout\***

*All prescriptions dispensed for calendar year.  
For purpose of reaching Safety Net threshold.  
Issued from individual pharmacies.*

**Medication History\***

*From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
All prescriptions dispensed for period.  
Issued from individual pharmacies.*

*\* Separate requests must be made if prescriptions were dispensed from more than one pharmacy.*

**Account Records**

**AC No:**

*From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Record of purchases charged to a customer account for period indicated.  
Issued from Head Office.*

**Membership Records**

**No:**

*From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
ALL purchases made under a specific membership for the period. This printout will contain products that cannot be claimed on tax.  
Issued from Head Office.*

Information is requested for the following persons who have also signed to give permission for this information to be given to the person listed at the bottom of this form.

First Name	Last Name	Age if under 12	Signature of person or Guardian if under 12 years

**Person Requesting/ Collecting the Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**I certify that the information above is correct:**

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / 200\_\_\_

*Information will generally be available for collection within 24 hours.*