

Please complete and email this form to:
cinsw-screeningandpreventiondata@health.nsw.gov.au

GP Data Request Form: BreastScreen NSW

SECTION 1: Requestor details

First name:	Surname:	
Professional Status:	Request Date:	
Practice name:		
Healthcare Provider Identifier of the practice (HPI-O):		
Address:		
Suburb:	State:	Postcode:
Phone:	Email:	

SECTION 2: Doctor details

I would like to request the list of clients that have screened with BreastScreen NSW over the last 24 months.
Note: This list will only include clients that have consented to have their results shared with their GP.

All Provider Numbers for which information is requested must be registered with the Practice named above.
Please complete a separate Request Form for each Practice.

Doctor's first name	Doctor's surname	Medicare provider #	Healthcare provider identifier (hpi-i)

SECTION 3: Conditions of release

I am requesting this client information on behalf of the doctors listed in section 2, with their knowledge and consent. I agree that the client information will be stored confidentially within the practice.

Requestor's Signature:	Date
Data Custodian Signature:	Date