



Request to Access Client Record

Important Information: Requests may take up to 28 days to be processed once your completed form is submitted.

Full Name: _____

Address: _____

Postal Address
if different to above _____

Telephone: _____ Email: _____

Date of Birth _____

I request permission to access the below mentioned information from my file. I acknowledge that Better Place Australia are bound by the Privacy Act 1988 and that I am not permitted to view or access any notes, documentation, or details of, about or from another person.

Please provide details on what documents you are seeking from your file and the reason for your request:

Signature: _____ Date: _____

Returning this form:

Post: Better Place Australia
Attn: Quality Support Officer
PO Box 2770, Cheltenham VIC 3192
OR Email: family@betterplace.com.au