Policy Title	Transfer of Patient Care and Medical Records Policy & Procedure
Policy Category	Information Management & Privacy / Transfer of Patient Care and Medical Records
Manual Reference	Section 6.9 – Transfer of Patient Health Records; Section 7.5 – Clinical Handover
Applies To	All Village Medical locations; Executive Assistant, Practice Manager, Nurse Manager, GPs, reception and authorised staff
Related Standards	RACGP Standards for General Practices – health information, privacy and continuity of care
Document Owner	Practice Manager
Approved By	Practice Manager / Principal GP
Effective Date	01/11/2026
Review Date	12 months following approval or earlier if required
Version	1.1

1. Purpose

To provide a timely, authorised and secure process for transferring patient medical records and supporting continuity of care when a patient moves from Village Medical to another general practice. This procedure is based on Section 6.9 of the existing Village Medical Policy & Procedure Manual.

2. Scope and Principles

This policy applies to patient-requested transfers of care and medical records to another GP clinic at all Village Medical locations. Other access requests, including legal demands, third-party reports, practice closure and GP retirement, must also comply with relevant privacy, recordkeeping and legal processes; they are not automatically treated as routine patient-requested transfers. A records transfer does not by itself constitute formal cessation of the therapeutic relationship.

3. Responsibilities

The Executive Assistant (EA) receives, verifies, coordinates, processes and documents requests to transfer medical records. The Practice Manager oversees the procedure and may authorise fee waivers in individual circumstances. The treating GP and Nurse Manager coordinate as required where outstanding results, recalls, referrals or other significant clinical matters could affect continuity of care. The receiving clinic is asked to confirm receipt of every transfer.

4. Request and Patient Authorisation

Before releasing records, Village Medical requires a request from the receiving GP clinic accompanied by the patient's signed authority to transfer their records. The request should identify the receiving practitioner or practice, the patient's name, date of birth and address (including former address where relevant), and the reason for the request, consistent with the existing manual. The EA checks that the authority is valid and applies to the records requested. Where consent, legal

authority or the identity of the requester is unclear, the transfer is held pending clarification and escalated to the Practice Manager.

5. Patient Identification and Receiving Clinic Verification

Before processing the request, the EA matches at least three approved patient identifiers against the patient record. Approved identifiers include full name, date of birth, residential address and recorded telephone number. The EA verifies the intended receiving clinic and Medlink destination to reduce the risk of misdirected records. The patient's authority and the destination details are retained with the transfer documentation.

6. Summary or Complete Medical Record

The EA determines whether the request is for a medical summary or a complete copy of the patient's medical record, referring clinical questions to the treating GP and exceptional circumstances to the Practice Manager. A summary may include relevant correspondence and investigation results needed for ongoing care, as described in the existing manual. A complete-record transfer is a copy; Village Medical retains its original record in accordance with retention obligations. The receiving clinic is advised of the proposed format and any applicable charge before processing.

7. Fees and Fee Waivers

A medical summary is provided free of charge. The standard charge for a complete medical record transfer is $45 including GST, payable by the patient. The Practice Manager may waive the $45 fee in particular circumstances at their discretion. Where a charge applies, the receiving clinic or relevant requester is informed before the transfer is processed. The original manual specifies processing once an applicable fee has been paid. Any fee waiver is documented

8. Secure Transmission via Medlink

Patient records are transferred to the new GP clinic using Medlink secure messaging. Before sending, the EA checks that the patient record, intended content and receiving clinic match the authorised request. The transmission is recorded in the patient file or designated transfer record. If Medlink transmission fails, the EA may arrange registered post or password-protected PDF by email where that alternative is approved. The EA verifies the recipient and records the approved alternative and dispatch details. For password-protected PDF email, the password must be communicated separately from the document

9. Confirmation of Receipt

The receiving GP clinic must confirm receipt for every transfer by email. The EA tracks and retains the emailed confirmation and documents the date and outcome. If email confirmation is not received, the EA follows up with the receiving clinic and escalates unresolved delivery concerns to the Practice Manager, and to the treating GP where there is a clinical risk.

10. Outstanding Results, Recalls and Referrals

Where the patient has clinically significant outstanding results, recalls, referrals or other ongoing issues, the treating GP and Nurse Manager coordinate as required to support safe continuity of care. The GP determines what clinical information or handover is necessary and whether direct communication with the receiving GP is indicated. Relevant actions and responsibilities are documented. The transfer of records does not automatically close unresolved clinical tasks.

11. Clinical Handover and Continuity of Care

When the clinical circumstances warrant it, the treating GP provides an appropriate handover to the receiving GP, including relevant history, current medicines, allergies, pending investigations, outstanding referrals and recommended follow-up. Handover may be written or direct clinician-to-clinician communication depending on urgency and complexity. Document any significant discussion, advice or transfer of responsibility. Follow the Patient Referral and Clinical Handover Policy & Procedure for detailed clinical handover requirements.

12. Documentation and Retention

Retain the signed patient authority, request, identity and recipient verification, type of records provided, applicable fee (including GST) or waiver decision, date and method of transfer, Medlink transmission or approved alternative dispatch details, emailed confirmation of receipt, and relevant clinical handover or escalation. The original patient record is retained under the Management of Health Information Policy and applicable record-retention requirements.

13. Privacy, Errors and Incidents

Access and disclose only information authorised and reasonably necessary for the request, subject to applicable legal obligations. A suspected wrong-patient record, incorrect destination, failed transfer, privacy breach or unsafe delay is promptly escalated to the Practice Manager and managed under Village Medical privacy and clinical risk procedures. Staff must not treat an unconfirmed transmission as proof that the receiving clinic has received the records.

14. Related Policies and Review

Management of Health Information Policy; Patient Identification Policy & Procedure; Patient Referral and Clinical Handover Policy & Procedure; Reviewing and Managing Clinical Results Policy & Procedure; Patient Recall, Reminder and Follow-Up Policy & Procedure; Ceasing Patient Care (Ending the Therapeutic Relationship) Policy; Privacy Policy; Clinical Risk Management Policy & Procedure. The Practice Manager reviews this policy after significant process or legislative changes and relevant incidents.