

Withholding Requested Information Form



Name _____

NHI _____

Or Place Patient Label Here

Information Requested:

Reasons For Withholding Information:

Legal Grounds For Withholding	Justification/Evidence
Releasing would be likely to prejudice the maintenance of any law	
releasing would endanger the safety of any individual	
releasing would involve the unwarranted disclosure of the affairs of another individual	

releasing would be likely to prejudice the physical/mental health of the individual	
the information requested is not easily retrievable or it does not exist	

Information To Be Withheld

Please return completed form to:
Privacy Officer
West Coast DHB
Grey Base Hospital
Greymouth