

# Freedom of Information – Record Amendments

## What is Freedom of Information?

The *Freedom of Information Act 1982 (Vic)* (FOI Act) enables individuals to request access to medical records held by The Royal Women's Hospital (RWH).

The Act also allows you to request for your records to be amended if you believe that information is incorrect. RWH is obligated to grant you access to your requested records, except where they fall under specific 'exemption' categories outlined in the FOI Act. Should access to any document be withheld or denied, RWH will provide reasons and inform you of your rights to seek a review with the Office of the Victorian Information Commissioner (OVIC).

## How to I request to make an amendment of my medical record?

Under Section 39 of the Act, you can request for your clinical record to be reviewed and amended if you believe it to be inaccurate, incomplete, outdated or misleading.

Requests for amendments may take up to 30 days to assess and complete and there are no fees associated with record amendments. If you would like to request for your record to be amended, please complete the '*Amendment Request Form*' and send it in along with your supporting documents listed on page 3 of the application.

If you wish to obtain a copy of your record, please complete a '*Freedom of Information*' application form.

Information in your medical record **may not** be deleted or expunged in its original form as per Section 40 of the Act. An alteration or notation may be added to your record as per Section 41 of the Act. For more information, please go to the Office of the Victorian Information Commissioner (OVIC) website <https://ovic.vic.gov.au/freedom-of-information/requesting-an-amendment/#step-1-make-an-amendment-request>

Please note: RWH's records are stored as part of the Parkville Precinct Electronic Medical Record which includes information from The Royal Melbourne Hospital, Peter MacCallum Cancer Centre and the Royal Children's Hospital. You can only apply to have your RWH record amended. If you wish to have your records amended at another health service, please contact them directly. The Women's is committed to protecting the privacy of your personal health and other information. To view the Women's privacy collection statement please visit [www.thewomens.org.au/patients-visitors/your-privacy](http://www.thewomens.org.au/patients-visitors/your-privacy)

## I have questions about Record Amendments or need assistance with the process

Our FOI team will be more than happy to assist you and answer any further questions that you might have, our contact details are:

**Address:** Freedom of Information Department  
Health Information Services  
The Royal Women's Hospital  
Locked Bag 300  
Parkville VIC 3052

**Phone:** (+61 3) 8345 2610

**Fax:** (+61 3) 8345 2642

**Email:** [foi@thewomens.org.au](mailto:foi@thewomens.org.au)

**Website:** [www.thewomens.org.au/patients-visitors/patient-record-requests](http://www.thewomens.org.au/patients-visitors/patient-record-requests)

**Office Hours:** Monday – Friday 8:00am to 4:30pm



# The Women's Freedom of Information Amendment Request Form



01/07/2024 – 30/06/2025

## **SECTION 1 - APPLICANT DETAILS**

Surname: ..... Given Names: .....

Organisation (if applicable): .....

Date of Birth: ...../...../..... Phone number: .....

Address: .....

Suburb: ..... State: ..... Postcode: .....

Email: .....

Are you the applicant and patient wanting your record to be amended?

Yes – **Please go to Section 3**       No – What is your relationship to the Patient? .....

**Please go to Section 2**

## **SECTION 2 - PATIENT DETAILS**

Surname: ..... Given Names: .....

Other Names known as (Including Maiden name) at the time of hospital presentation (if different from above):  
.....

Patient Date of Birth: ...../...../..... Hospital MRN (if known): .....

## **SECTION 3 – What amendment/s are you requesting?**

In order to assist us with reviewing your request to amend your record, please provide a detailed explanation to all of the below. Along with your application, please provide supporting documentation detailing why you believe the information requires amendment.

**Please note:** Information in your medial record may not be deleted or expunged in its original format per Section 40 of the Act. An alteration or notation may be added to your record as per Section 41 of the FOI Act.

a) What information do you want amended?

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b) Please specify how and why you believe this information is inaccurate, incomplete, out of date or gives a misleading impression

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# The Women's Freedom of Information Amendment Request Form



01/07/2024 – 30/06/2025

c) What amendment, correction or notation are you requesting to be added to your medical record?

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.....  
.....  
.....

## **SECTION 6 – PATIENT AND APPLICANT AUTHORITY:**

**I, the applicant, acknowledge that:**

- My application will be processed in accordance with the *Freedom of Information Act 1982 (VIC)* and that I have provided valid authority. The information and documents that I provide will be used to only process my request and will be handled in accordance with the Victorian Privacy Laws
- All Health records and amendment requests undergo an appropriate review prior to the decision being made.
- RWH has 30 days to send a notice of decision from the date a valid request is received (extensions may apply)
- I understand that if I am unhappy with the final decision made by The Women's I can seek review by the Office of the Victorian Information Commissioner (OVIC) under Section 49A of the FOI Act or the Victorian Civil Administrative Tribunal under section 50 of the FOI Act.
- I understand that information in my medial record may not be deleted or expunged in its original form as per Section 40 of the Act. An alteration or notation may be added to your record as per Section 41 of the FOI Act

Applicant signature ..... Date: ...../...../.....

## **SECTION 6.1 – APPLICANT AUTHORITY (WHO IS NOT THE PATIENT)**

### **APPLICANT**

- The Patient must sign the below authorisation and you must provide evidence that you have the authority to act on behalf of the patient.
- To assist us in assessing your application and making an informed decision regarding amending a patients medical record, please explain the purpose of your application in the 'additional information' field below and why you believe it is reasonable for you to seek amendment of the patients medical record.
- In relation to a deceased patient, authority and consent must be obtained by the most senior available next of kin. Please explain the purpose of your application in the 'additional information' field below, and why you believe it is reasonable to release the records to you and why you believe it is reasonable for you to seek amendment of the (deceased) patient's medical record.

### **PATIENT:**

- I understand that I am authorising the applicant to act on my behalf to request for my medical record to be amended under the Freedom of Information Act 1982 (VIC).
- I understand that information in my medial record may not be deleted or expunged in its original form as per Section 40 of the Act. An alteration or notation may be added to your record as per Section 41 of the FOI Act

I, ..... Of .....  
(Patient/Next of Kin) (Patient/Next of Kin Address)

hereby authorise the applicant .....  
(Applicants Name)

Of .....  
(Applicants Organisation/Address)

to act on my behalf in relation to amending my medical record and have access to any information concerning my request.

Patient/Next of Kin Signature ..... Date: ...../...../.....

Additional Information: .....  
.....  
.....

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# The Women's Freedom of Information Amendment Request Form

## **APPLICATION CHECKLIST – Please ensure that the following is submitted**

- Completed Amended Request Form
- Copy of Photo ID (e.g. Driver's licence, Passport, Key pass etc.)
- Supporting documentation detailing why you believe the information requires amendment

**Please note:** We may need you to provide additional supporting documentation but will contact you if this is required

## **If you are the APPLICANT (WHO IS NOT THE PATIENT), in addition to the above, please provide the following:**

- Completed and signed consent from the patient - **Section 6.1** (Applicant Authority who is not the patient)
- Patient Photo ID
- Documentation to prove relationship (e.g. Birth Certificate, Marriage Certificate, etc.)

**Please note:** We may need you to provide additional supporting documentation but will contact you if this is required

## **Please return (post or email): application and supporting documentation**

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Health Information Services  
The Royal Women's Hospital  
Locked Bag 300  
Parkville VIC 3052

**Phone:** (+61 3) 8345 2610  
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