

The Women's Imaging Request form



01/07/2024 – 30/06/2025

SECTION 1 - APPOINTMENT DETAILS

Date/s of Imaging appointment

SECTION 2 – APPLICANT/PATIENT DETAILS

Surname: Given Names:

Address:

Suburb: State: Postcode:

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

Hospital MRN number (if known):

Email:

SECTION 3 – WHAT IMAGING WOULD YOU LIKE TO ACCESS?

If you wish to discuss your individual requirements, please contact FOI on (03) 8345 2610

- Digital copy of all of my Imaging
- Digital copy of specific Imaging (please specify and include dates, if known)

FORM OF ACCESS (please tick)

- I would like a copy of the document(s) securely emailed (Access fees apply)
- I would like a copy of my Imaging/Ultrasound on USB (Access and Postage fees apply)
- I would like to collect my Imaging/Ultrasound on USB in Person (Access fees apply - our FOI team will contact you to arrange a time when your request has been completed)

Our records are stored as part of the Parkville Precinct Electronic Record which includes information from The Royal Melbourne Hospital, Peter MacCallum Cancer Centre and the Royal Children's Hospital. Information from these other health services will not be included in your release. To access this information, please contact the Precinct partners directly. For more information, please refer to the [Women's Privacy Collection Statement](#) on our website.

SECTION 4 – AUTHORITY TO ACCESS INFORMATION

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 and Photo ID. The information and documents that I provide will be used to only process my request and will be handled in accordance with Victorian Privacy Laws
- Charges will apply to access a digital copy of my historical images. I understand that my requested information will not be sent to me or I cannot collect my information until all outstanding fees and charges have been paid

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

Page 1

The Women's Imaging Request form



01/07/2024 – 30/06/2025

CHECKLIST INFORMATION – Please ensure that the following is submitted

- Completed Imaging Request Form
- Imaging Fee and Postage Fee (if applicable)
- Copy of Photo ID (e.g. Driver's licence, Passport, Key pass etc.)

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

ACCESS FEES AND CHARGES

Radiology/Scans	\$ 32.70
USB (Digital copy of your Imaging)	\$10.00 per USB
Imaging Delivery Options	
Secure File Transfer via email (Mimecast)	Free of Charge
Postage (Registered within Australia/International)	\$ As per Aust. Post

PAYMENT

- Cheque ('The Royal Women's Hospital')
- Credit Card – Complete details below
- Visa
- MasterCard

Imaging Fee Amount: **\$32.70**

***If you would like your Radiology on USB and posted, an additional \$10.00 plus postage will be added to this fee. Our office will contact you before any additional charges are made.**

Cardholder Name: _____

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp. Date:/...../.....

Signature: _____

Please return (post or email): application, supporting documentation and payment to

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

Website: www.thewomens.org.au/patients-visitors/patient-record-requests

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

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