

# The Women's Imaging Request form



## SECTION 1 – APPLICANT/PATIENT DETAILS

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

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

Hospital MRN number (if known): .....

Address: .....

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

Email: .....

## SECTION 2 – 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)

## SECTION 3 – 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 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: ...../...../.....

# The Women's Imaging Request form



## **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 (effective from 1 July 2022)**

Radiology/Scans	\$10.00 (USB inclusive)
<b>Record Delivery Options</b>	
Secure File Transfer via email (Mimecast)	Free of Charge
Postage (Registered within Australia)	\$ As per Aust. Post
International Postage (Registered)	\$ As per Aust. Post

## **PAYMENT**

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

Imaging Fee Amount: **\$10.00**

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](mailto:foi@thewomens.org.au)

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

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

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)