

# The Women's Freedom of Information Application Form

## SECTION 1 - APPLICANT DETAILS

Surname: ..... Given Names: .....  
Date of Birth: ...../...../..... Phone number: .....  
Address: .....  
Suburb: ..... State: ..... Postcode: .....  
Email: .....

## ADOPTION RECORDS

If this request is in relation to an Adoption, please complete the 'Application for Medical Records relating to Adoption' form found on the Women's webpage: <http://thewomens.org.au/patients-visitors/patient-record-requests>  
Some adoption records are held by Adoption Information Services, you can contact this service via email [adoptionrecords@justice.vic.gov.au](mailto:adoptionrecords@justice.vic.gov.au)

## SECTION 2 – RELATIONSHIP OF APPLICANT TO PATIENT (please tick one):

- ☐ N/A – Self      Hospital MRN (if known): ..... (Continue to Section 4)  
☐ Spouse / De facto / Partner (please circle)      ☐ Parent - Mother / Father (please circle)  
☐ Child of Patient (over 18 years)      ☐ Other please specify: .....

**Please note:** If you are applying for someone else's information, please provide consent and photo ID from the patient and documentation which clearly shows that you are related to the patient e.g. birth certificate, Marriage certificate, and/or death certificate in addition to your personal ID (Refer to page 2 ).

## SECTION 3 - 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 4 – WHAT DOCUMENTS WOULD YOU LIKE TO ACCESS?

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

- ☐ Patient/My Complete Medical Record      ☐ My Child's Complete Medical Record

## OR ONLY CERTAIN DOCUMENTS (please tick below)

- ☐ Emergency Department Notes      ☐ Outpatient progress notes      ☐ Correspondence/Letters  
☐ Pathology/Radiology Results      ☐ Medication Records      ☐ Operation Photographs  
☐ All Hospital Admissions (including Discharge summaries, Inpatient Progress notes and Operation Reports)  
☐ Specific Admissions (please specify date/s) .....  
☐ Other (please specify) .....

## 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 the document(s) on paper (Access and Postage fees apply)  
☐ I would like a copy of the document(s) on USB (Access and Postage fees apply)

Our 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. 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.

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## SECTION 5 – DETAILS OF REQUEST

In order for us to make an informed decision regarding your request, please tell us why are you wanting to access the requested documents (please specify):

.....  
.....

## SECTION 6 – 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. 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 undergo an appropriate review prior to release and approval for release
- RWH has 30 days to send a notice of decision from the date a valid request is received (extensions may apply)
- I may be required to pay a deposit to access information if the final fee is greater than \$50.00
- Charges may apply under the *Freedom of Information Act 1982 (VIC)* and that I will be supplied with an invoice for any fees and charges incurred. I understand that my requested information will not be sent to me until all outstanding fees and charges have been paid
- I understand that any duplication of information released to myself in my physical or electronic record has been removed (where possible) for my convenience
- I understand that if I am unhappy with the final decision made by The Women's specifically relating to 'exemption' categories as per *Freedom of Information Act 1982 (VIC)*, I can seek review by OVIC within 28 days (details provided on my Notice of Decision Letter)

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

## SECTION 6.1 - REQUEST FOR MEDICAL RECORDS RELATING TO ANOTHER INDIVIDUAL

### APPLICANT

- The Patient must sign the below authorisation and you have to provide evidence that you have the authority to access this information on behalf of the patient. If you are unable to obtain the proper consent from the patient, information that you receive may be redacted in accordance with the *Freedom of Information Act 1982 (Vic)*. To assist us in assessing your application and making an informed decision regarding the release of the patient's record, 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
- In relation to a deceased patient, access by the most senior available next of kin is not guaranteed. To assist us in assessing your application and making an informed decision regarding the release of a deceased patient's record, 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

### PATIENT:

- I understand that I am authorising the applicant to access my personal medical record relating to my treatment at The Women's under the Freedom of Information Act 1982 (VIC)

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

hereby authorise The Women's to release information about .....  
(Patient's name/Myself)

to the applicant .....  
(Applicants Name)

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

Additional Information: .....

Supporting evidence provided (e.g. Death Certificate, Adoption paperwork) ☐ Yes ☐ No

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## CHECKLIST INFORMATION – Please ensure that the following is submitted

- ☐ Completed Freedom of Information Application Form
- ☐ Application Fee **OR** Pension or Healthcare card (evidence to waive the application fee)
- ☐ Copy of Photo ID (e.g. Driver's licence, Passport, Key pass etc.)
- ☐ If you have had a change of name, documentation to support this (e.g. Marriage Certificate, extract etc.)

## IF YOU ARE REQUESTING INFORMATION RELATING TO ANOTHER INDIVIDUAL, IN ADDITION TO THE ABOVE, PLEASE PROVIDE THE FOLLOWING:

- ☐ 'Request for medical records relating to another individual' section completed and signed by the patient (who is not the applicant)
- ☐ 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

## ACCESS FEES AND CHARGES (effective from 1 July 2023)

When requesting for medical records please note that information may be on a combination of the below and charges will apply to access this information

Application Fee	\$31.80 (non-refundable)
If you have a valid healthcare/concession card, please include this with your application and the application fee will be waived. Please note that other access fees will apply, see list below	
Search Fee (per hour or part thereof)	\$23.85
Offsite record recall fee	\$ As per ZircoData
Microfilm/Microfiche Search Fee	\$23.85
USB (digital copy of your requested information)	\$10.00 per USB
<b>Paper Copy</b>	
Black and White Copy (including EMR Record)	20c per double sided page
Colour Copy/Imaging from surgery	\$2.00 per page
<b>Electronic Medical Record (EMR)</b>	
Scanning	10c per PDF page
<b>Record Delivery Options</b>	
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

Application Fee Amount: **\$31.80**

Cardholder Name: \_\_\_\_\_ Exp. Date: ...../.....

Card Number: 

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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)

**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 – 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](http://www.thewomens.org.au/patients-visitors/your-privacy)