

SECTION 1 - APPOINTMENT DETAILS

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

Email[.]

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. <u>Information from these other health services will not be included in your release.</u> To access this information, please contact the Precinct partners directly. For more information, please refer to the <u>Women's Privacy Collection Statement</u> 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

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Applicant/Patient signature/...../...../...../......



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.)

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

ACCESS FEES AND CHARGES				
\$31.80				
\$10.00 per USB				
Free of Charge				
\$ As per Aust. Post				
-	\$31.80 \$10.00 per USB Free of Charge			

PAYMENT					
Cheque ('The Royal Women's Hospital')					
🗌 Visa	☐ MasterCard	Imaging Fee Amount: \$31.80			
[*] 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: Fax: Email:	(+61 3) 8345 2610 (+61 3) 8345 2642 foi@thewomens.org.au		
Website: Office Hours:	www.thewomens.org.au/patients-visitors/pa Monday – Friday 8:00am – 4:30pm	atient-record-req	<u>uests</u>		
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 <u>www.thewomens.org.au/patients-visitors/your-privacy</u>					