

SECTION 1 - APPLICANT DETAILS

Mr/Mrs/Miss/Ms/Dr Surname: Given Names:

Date of Birth:/...../..... Phone number(s) (H): (M):

Address:

Suburb: State: Postcode:

Email:

* If we need to contact you to discuss your application, what is your preferred method of contact? (please tick)

Phone/Mobile Email

SECTION 2 – RELATIONSHIP OF APPLICANT TO PATIENT

N/A – Self (Please answer below 'adoption' question then go to Section 4)

Is this in relation to an adoption? YES / NO (please circle) Birth Mothers Name:

If YES, please attach your birth certificate with original name issued before you were adopted, Birth Certificate issued with your current name after your adoption and any other documentation you have obtained from DHHS

NATURE OF RELATIONSHIP OF APPLICANT TO PATIENT (please tick one):

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, Adoption paperwork and/or death certificate in addition to your personal ID (Refer to page 2).

SECTION 3 - PATIENT DETAILS

Mr/Mrs/Miss/Ms/Dr Surname: Given Names:

Other Names/Maiden name/Surname 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

Emergency Department Notes Outpatient progress notes Correspondence/Letters
 Pathology/Radiology Results Medication Records Operation Photographs
 Hospital Admissions (including Discharge summaries, Inpatient Progress notes and Operation Reports)
 All of my admissions Specific Admissions (please specify date/s)
 Patient/My Complete Medical Record My Child's Complete Medical Record
 Other (please specify)

FORM OF ACCESS (please circle):

I would like a copy of the document(s) on paper YES / NO
 I would like a copy of the document(s) on USB YES / NO
 I would like a digital copy of my Ultrasound/Imaging YES / NO

Please note: 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 these Precinct partners directly.



The Royal Women's Hospital Melbourne
Freedom of Information Application form
01/07/2020 – 30/06/2021

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 Royal Women's Hospital 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:/...../.....

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 Royal Women's Hospital under the Freedom of Information Act 1982 (VIC)

I, Of
(Patient or Next of Kin) (Address)

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

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

Additional Information:

Supporting evidence provided (e.g. Death Certificate, Adoption paperwork).....

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.)

FOR APPLICATIONS REGARDING THOSE WHO ARE NOT THE PATIENT (IN ADDITION TO THE ABOVE)

- '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

Application Fee	\$29.60 (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	\$22.20
Offsite record recall fee	\$15.00 per record
Electronic Copy (USB)	
USB	\$10.00 per USB
Scanning	20c per double sided page
Paper Copy	
Black and White Copy	20c per double sided page
Colour copy/Imaging from surgery	\$2.00 per page
Imaging	
Radiology/Scans (USB)	\$10.00 per USB
Post	
Postage (Registered within Australia)	\$ As per Aust. Post
International Postage (Registered)	\$ As per Aust. Post
Microfilm/Microfiche Access Costs	
Please note: these fees are set by our printing provider and are in addition to the application, search and postage fees	
Transport Fee	\$ 50.00 per film
TMD Handling Fee	\$ 37.50 per film
Copying Fee	55c per page
10% GST (Transport, Handling, Copies)	

Please note: We do not send patient records electronically e.g. by email

PAYMENT

- Cheque (to 'The Royal Women's Hospital') Money Order Credit Card (Complete details below)

Cardholder Name: _____

Application Fee Amount: **\$29.60**

- Visa Mastercard Exp. Date:/.....

Card Number:

Signature: _____

Please return application, supporting documentation and payment to:

Freedom of Information
Health Information Services
The Royal Women's Hospital
Locked Bag 300
Parkville VIC 3052
P: (+61 3) 8345 2610 F: (+61 3) 8345 2642
E: foi@thewomens.org.au