01/07/2025 — 30/06/2026

The Women's Imaging Request form



SECTION 1 - APPOINTMENT DETAILS			
If date of appointment is less than 6 months from date of application, please contact Pauline Gandel directly for imaging Email: pgwoc@thewomens.org.au Ph: (03) 8345 2250 Fax: (03) 8345 2259			
Date/s of Imaging appointment			
SECTION 2 – APPLICANT/PATIENT DETAILS			
Surname: Given Names:			
Address:			
Suburb: Postcode:			
Date of Birth:/			
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)			
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 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
- RWH has 30 days to send a notice of decision from the date a valid request is received (extensions may apply)
- Charges will apply to access a digital copy of my images. I understand that my requested information will not be sent to me until all outstanding fees and charges have been paid

Applicant/Patient signature	Date:/	./

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CHECKLIST INFORMATION – Please ensure that the following is submitted				
☐ Completed Imaging Request Form				
☐ Application (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 supporting documentation and our team will contact you if this is required				
ACCESS FEES AND CHARGES (effective from 1 July 2025)				
Application (Imag	ing) Fee	\$ 33.60		
Additional Acces	ss Charges			
USB (Digital copy		\$10.00 per USB		
Imaging Delivery Options				
	sfer via email (Liquid Files)	Free of Charge		
Postage (Express	s Registered within Australia/International)	\$ As per Aust. Post		
PAYMENT ☐ Credit Card – Complete details below ☐ Cheque ('The Royal Women's Hospital') ☐ Visa ☐ MasterCard Imaging Fee Amount: \$33.60 *If you would like your Radiology on a 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:				
Signature:				
Please return (post or email): application, supporting documentation and payment to				
Address:	Freedom of Information Department The Royal Women's Hospital Locked Bag 300 Parkville VIC 3052	Phone: (+61 3) 8345 2610 Email: foi@thewomens.org.au		
Website:	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				