

# FREEDOM OF INFORMATION FORM FOR ACCESS TO DOCUMENTS

Patient Details					
Mr/Mrs/Miss/Ms/Dr	Surname:	Given Name	es:		
Surname at the time of admission/episode (if different from above):					
Date of Birth:	Phone number	er(s): (H)	(M)		
Address:					
Suburb:	State:	Postcode:	Email:		
Are you applying for information about another person? Yes / No (please circle)   If yes, please describe your relationship to this person: and complete your details below					
Applicant Details:					
Mr/Mrs/Miss/Ms/Dr	Surname:	G	iven Names:		
Phone number(s): (H	)	(M)			
Address:					
Suburb:	State:	Postcode:	Email:		
	n respect to someone else, you that you are the senior next of k				

which clearly shows that you are the senior next of kin to the patient e.g. birth certificate, marriage certificate or death certificate in addition to providing personal identification. If you are not the senior next of kin, you must provide written authorisation from the patient or senior next of kin permitting you to access the information.

# Common documents in a medical record are:

- Discharge Summaries
- Medication Records
- Emergency Department notes
- Operation Reports

Progress Notes

Anaesthetic RecordsMental Health notes

- Care Plans
- Observation Charts

# **Details of Request:**

Describe clearly the documents you wish to access (include dates, location, subject matter or any other information which would help identify the document(s)).....

..... Form of Access: (please circle one) I wish to inspect the document(s) Yes No Yes I wish a copy of the document(s) on paper No I wish a copy of the document(s) to be emailed to me Yes No I require copies of the Radiology Images Yes No Some documents you require may need to have some information edited according to the Freedom of Information Act 1982 (Vic). If you are not willing to receive a copy of an edited document, the document will not be released.

Are you willing to receive edited documents? Yes

**Please note:** Our records are stored as part of the Parkville Precinct Electronic Medical Record which includes information from Royal Women's Hospital, Peter MacCallum Cancer Centre & Royal Children's Hospital. By default, information from other health services will not be included in your release. If you require further information from any of the other Precinct partners, please contact them directly.

No

If you require further information please contact the Freedom of Information Officer on (03) 9342 7224 during normal business hours



# Fees and Charges:

I understand that charges may apply under the Freedom of Information Act 1982 (Vic) and that I will be supplied with an invoice for applicable fees and charges. I also understand that I will have to supply proof of identification.

# **Concessional Information:**

The application fee will be waived if you provide details of your pension or healthcare card, however production (photocopying, CD, link etc.) costs may still apply. Please ensure you attach to your request a copy of your pension or healthcare card.

Application fee:	\$31.80 (non-refundable)
Inspection / Supervision charge:	\$5.00 per quarter-hour or part thereof
Search and Retrieval fee (off-site):	\$23.90 per hour or part thereof
EMR Pages:	\$0.05 per page
Scanned Pages:	\$0.20 per page
Radiology Images (via link)	\$20.00 per link
Medical illustrations (USB):	\$20.00 per USB
Postage charges:	\$11.00 registered mail

Checklist information: Please ensure that the following is submitted.

- Application form
- Application fee
- Copy of Photo Identification
- Pension or Healthcare Card (if applicable)
- Patient consent or proof of Senior next of kin (for applications by those who are not the patient)

Once your payment is received (or we agree to waive it) you may be sent an invoice for production costs. Please note that initial payment is for the cost of the \$31.80 application fee to start the process. You will subsequently receive an invoice for payment of other charges, calculated in accordance with the schedule listed above.

# Payment:

nod of communication
□ Visa □ MasterCard
Exp/

PARKVILLE VIC 3050

Phone (03) 9342 7224 Fax (03) 9342 8008

Email: FOIrequest@mh.org.au

# What is the Freedom of Information process?

# **Approval Process**

All health records undergo an appropriate review prior to release. Approval for release will be sought only after that review, applicable fees are paid and valid authority provided. If the medical records are not your personal records, you must include the authority of the patient (or if deceased, their senior next of kin).

# **Notification of Approval**

We will notify you by mail of our decision, usually within 30 days of payment of the application fee (unless further time is allowed by the FOI Act).

If you require further information please contact the Freedom of Information Officer on (03) 9342 7224 during normal business hours