

FREEDOM OF INFORMATION FORM FOR ACCESS TO DOCUMENTS

Patient Details

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

Surname at the time of admission/episode (if different from above):.....

Date of Birth: Phone number(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:.....Given Names:.....

Phone number(s): (H)..... (M).....

Address:.....

Suburb:..... State:..... Postcode:..... Email:.....

If you are applying in respect to someone else, you must provide consent from the patient or identification 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 Records
- Outpatient notes
- Mental Health notes

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
I wish a copy of the document(s) on paper	Yes	No
I wish a copy of the document(s) on CD	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 No

