

FREEDOM OF INFORMATION FORM FOR ACCESS TO DOCUMENTS

<p>Patient Details</p> <p>Mr/Mrs/Miss/Ms/Dr Surname:.....Given Names:.....</p> <p>Surname at the time of admission/episode (if different from above):.....</p> <p>Date of Birth: Phone number(s): (H)..... (M).....</p> <p>Address:.....</p> <p>Suburb:..... State:.....Postcode:.....Email:.....</p>	
<p>Are you applying for information about another person? Yes / No (please circle)</p> <p>If yes, please describe your relationship to this person:.....and complete your details below</p>	
<p>Applicant Details:</p> <p>Mr/Mrs/Miss/Ms/Dr Surname:.....Given Names:.....</p> <p>Phone number(s): (H)..... (M).....</p> <p>Address:.....</p> <p>Suburb:..... State:.....Postcode:.....Email:.....</p> <p><i>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.</i></p>	

Common documents in a medical record are:

- Discharge Summaries
- Emergency Department notes
- Progress Notes
- Care Plans
- Observation Charts
- Medication Records
- Operation Reports
- Anaesthetic Records
- 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)).....

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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
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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 etc.) costs may still apply. Please ensure you attach to your request a copy of your pension or healthcare card.

Application fee:	\$28.90 (non-refundable)
Search and Retrieval fee (off-site):	\$21.30 per hour or part thereof
Inspection / Supervision charge:	\$5.00 per quarter-hour or part thereof
Electronic copy (CD):	\$0.20 per page
Paper copy:	\$0.20 per page
Radiology Images (CD):	\$20.00 per CD
Medical illustrations:	\$10.00 per A4 sheet
Postage charges:	\$11.00 registered mail

Applicant's signature:.....**Date:**.....

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.

Payment:

Please do not send your credit card details via email – it is not a secure method of communication

- Cheque Money Order Credit Card – complete details below Visa MasterCard

Cardholder name: _____ Exp _____ / _____

Card number:

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Signature: _____ Amount \$ _____

Please return application and payment to:

ATT: Freedom of Information Officer Health Information Services
The Royal Melbourne Hospital
C/- Post Office
Royal Melbourne Hospital, 300 Grattan St
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