

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
- 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)).....

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

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.

