

FREEDOM OF INFORMATION REQUESTS

FREEDOM OF INFORMATION ACT 1982

Dear Applicant,

Thank you for your enquiry regarding accessing information through Freedom of Information (FOI). Please complete the enclosed application form and post it with a photocopy of personal identification such as a Driver's Licence, Passport or keypass to:

Freedom of Information Clerk
Health Records and Information
The Royal Women's Hospital
Locked Bag 300
Parkville Vic 3052

There are costs involved in providing information through FOI. These charges are:

- Standard application fee \$22.70
- Photocopying 20c per page
- Postage (Registered) \$5.00

In certain circumstances, the application fee may be waived on the grounds of hardship, for example if you hold a Commonwealth Health Care/Pension Card. Please provide a copy of your Health Care/Pension Card with your application for the application fee to be waived.

When your application form has been received, a search will be made for the information you seek. If access is granted, you will be advised. Under the FOI Act, an agency has 45 days to provide the information that is being requested. In general, we are able to complete requests within three to four weeks.

If you have any queries, please do not hesitate to contact **8345 2610**.

Yours sincerely,

Freedom of Information Clerk
Health Records and Information
Royal Women's Hospital

Ph: 8345 2610 Fax: 8345 2624
E-mail: rwh.foi@thewomens.org.au



THE ROYAL WOMENS HOSPITAL, MELBOUNRE

FREEDOM OF INFORMATION REQUESTS

APPLICANT'S DETAILS:

Title: Surname:..... Given Name:.....

Address:

Suburb/Town: State/Territory: Postcode:

Telephone:(H)(B)(M)

Relationship to patient:

Self
If you are requesting your own information do you authorise us to update your address details onto the patient information system? Yes No

Other, please specify (eg. parent).....
If you are requesting someone else's information, please complete the authorised consent form and provide a photocopy of personal identification of the consenting person.

Are you on a pension/health care card: Yes No
(If YES, please provide a photocopy of your pension/health care card. Application fee will be waived)

Is this request in relation to an adoption Yes No
Please note: Based on the decision of Justice Galvin, Administrative Appeals Tribunal of Victoria in November 1988, adoption records are exempt under sections 31, 33, 35 and 38 of the Freedom of Information Act.

PATIENT DETAILS:

First Name(s): Surname:

Address:

Suburb/Town: State/Territory: Postcode:

Date of Birth: Hospital Record Number:.....

INFORMATION REQUESTED FROM YOUR MEDICAL RECORD: (please specify)

1. All notes in my medical record relating to the following date(s) of attendance
.....

- 2. Certain sections of your medical record only
Admission Notes (please include dates)
Correspondence and Investigation results
Outpatient Appointment Notes
Social work notes
Other, (please specify)

3. Other.....

NOTE: Please include a photocopy of personal identification (i.e. Driver's Licence or Passport). This photocopy must either be sighted by Health Information Services staff when presenting to the department or must be a certified copy (i.e. certified by a pharmacists or general practitioner etc.)..

APPLICANT'S SIGNATURE: DATE:.....



THE ROYAL WOMENS HOSPITAL, MELBOUNRE

FREEDOM OF INFORMATION REQUESTS

AUTHORISED CONSENT TO RELEASE MEDICAL RECORDS
(To be completed only when requesting someone else's information)

Dear Freedom of Information Officer

I, of (address)
.....
.....(Ph:)

hereby authorise and request you to supply

to.....of (address)
.....

.....pursuant to the provisions of the Freedom of Information Act 1982, all or certain (*) documents in your possession relating to my treatment at the Royal Women's Hospital including (where relevant);

- 1. all outpatient, casualty and inpatient records and computer data;
2. all diagnostic, progress, clinical, surgical, drug order and nursing notes and charts;
3. all referral information and letters, investigatory, investigative and diagnostic reports from all departments included in my care, including (where relevant) radiology, pathology, haematology and microbiology;
4. all records, notes, letters, reports and documents of any description produced or created by all doctors, nurses and other health care workers involved in my treatment and care and;
5. all administration charts, delivery and perinatal summaries, post mortem reports and discharge summaries and/or discharge letters.

PLEASE NOTE: SIGNED CONSENT FORM AND A PHOTOCOPY OF PERSONAL IDENTIFICATION (i.e. DRIVER'S LICENCE, PASSPORT OR KEYPASS) IS REQUIRED PRIOR TO RELEASING INFORMATION.

Signature:

Date of Birth:

Dated:

* Please indicate the certain documents which can be released
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