

Request for Access to Information

Dear Applicant,

Thank you for your enquiry regarding accessing information through the *Health Records Act* 2001. Please complete the enclosed application form and post it together with a photocopy of personal identification such as a Driver's Licence, Passport or Keypass to this address:

Health Information Services Manager
Health Information Service
Frances Perry House
Level 6
Cnr Flemington Road and Grattan Street
Parkville 3052

Fax Number: (03) 9344 5092

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

- Standard application fee of up to \$20.00
- Photocopying 20c per page
(An invoice will follow once initial request is made)

When your application form has been received, a search will be made for the information you seek. Under the *Health Records Act* 2001 an organisation has 45 days to provide the information that is being requested.

If you have any queries, please do not hesitate to call the Privacy Officer on (03) 9344 5090

REQUEST FOR ACCESS TO INFORMATION FORM

APPLICANT'S DETAILS:

Full name:.....

Address:

.....Postcode:

Telephone:(H).....(B).....(M)

Relationship to patient: (i.e. self/parent)

PATIENT'S DETAILS:

First Name(s): Surname:

Address:

.....Postcode:

Date of Birth:

INFORMATION REQUESTED: (please tick the box)

1. Certain sections of your medical record

- Progress Notes
- Correspondence and Investigation results
- Operation Report
- Other, (please specify)

2. Whole medical record

- The entire medical record including all admissions, correspondence's, investigation results and all other clinical notes.

REASON FOR APPLICATION TO ACCESS DOCUMENTS:

.....
.....
.....

Please include a photocopy of personal identification (i.e. Driver's Licence, Passport or Keypass)

APPLICANT'S SIGNATURE:

DATE: