

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 your personal identification such as a Driver's Licence, Passport or Keypass to this address:

**The Privacy Officer**

Health Information Services Department

Frances Perry House

Level 6, Corner Flemington Road and Grattan Street, Parkville VIC 3052

Email: [healthinformations@ramsayhealth.com.au](mailto:healthinformations@ramsayhealth.com.au) Fax

Number: (03) 9344 5092

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

- Standard application fee of assessing and collating the health information up to \$40.80
- Transporting records held off site \$19.60
- Photocopying/scanning at 20c per page (An invoice will follow once initial request is made)

Our preferred method of sending documents is via email. If you prefer to have a hard copy we can send via courier (courier charges will apply)

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 5091

Yours sincerely,

Health Information Services

Frances Perry House

# Request for Access to Information Form

| Applicant's Details  |  |
|--|--|
| <b>Full Name</b>   | Surname or Family name: _____<br>First/Given name: _____   |
| <b>Address</b>   | _____<br>_____<br>Postcode: _____ State: _____   |
| <b>Telephone</b>   | Home: ( ____ ) _____<br>Business: ( ____ ) _____<br>Mobile: _____<br>Email: _____  |
| <b>Relationship to patient</b>   | _____  |
| Patient's Details  |  |
| <b>Full Name</b>   | Surname or Family name: _____<br>First/Given name: _____   |
| <b>Address</b>   | _____<br>_____<br>Postcode: _____ State: _____   |
| <b>Date of Birth</b>   | ____ / ____ / ____   |
| Information Requested (please tick the box)  |  |
| <b>1. Certain sections of your medical record</b>  | <input type="checkbox"/> Progress Notes<br><input type="checkbox"/> Correspondence and Investigation results<br><input type="checkbox"/> Operation Report<br><input type="checkbox"/> Other (please specify)<br>_____<br>_____ |
| <b>2. Whole medical record</b>   | <input type="checkbox"/> The entire medical record including all admissions, correspondences, 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) |  |
| _____<br>_____<br>_____  |  |

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Frances Perry House

Cnr Flemington Road & Grattan Street, Parkville VIC 3052  
Ph: 03 9344 5000

francesperryhouse.com.au

People caring for people.



Frances Perry House

Part of Ramsay Health Care