Information for Consumers

Freedom of Information Request

ACCESS
Medical Record

Information You Can Access

The Victorian Freedom of Information (FOI) Act gives you the right to request access to medical records held by Austin Health. It is possible to obtain copies of medical records or to view records.

Austin Health holds records for the following:

- Austin Hospital
- Heidelberg Repatriation Hospital
- Fairfield Hospital (limited records)
- Royal Talbot Rehabilitation Centre
- Mental Health Services (that are part of Austin Health)

Is Access Guaranteed?

Not all documents are automatically available. The FOI Act allows refusal of access to certain information or documents. These documents are often referred to as 'exempt' documents and are described in the FOI Act. Each document is assessed on its merits before a decision is made. Most FOI applications are straightforward with no restrictions to information applied.

How to Apply

Applications must include the following before processing can commence:

1. **FOI Application or Letter**

   Applications must be made in writing using the attached application form or in the form of a letter or email asking for access to the documents. Include the full name and date of birth of the patient so that the medical record can be correctly identified.

2. **Application Fee - $29.60**

   The application fee is a fixed cost and non-refundable. This fee is waived if you hold a current Pension or Health Care Card and can provide a photocopy of both sides of this with your application. If you are suffering financial hardship, you can ask us to consider waiving the application fee. Refer to the attached tax invoice page for payment options. If your request is approved, you will be advised of other charges that may apply.

3. **Evidence of Authority for the Release of Information**

   Request for Records Relating to You

   A scan or photocopy of photo identification must be provided with requests for records relating to you, e.g. driver's licence or passport. If you do not have current photo identification, telephone 9496 3103 to discuss.

   Request for Records Relating to Another Person

   If you are applying for medical records relating to another living person, under most circumstances you must include a request for the records from the patient.

   Request for Records Relating to a Deceased Person

   If the patient is deceased, the most senior available next of kin (NOK) should sign the authorisation and provide evidence to support this, e.g. copy of the death certificate. Access to a deceased patient's record by the most senior available NOK is not guaranteed. Various factors need to be considered. To assist us in assessing your application, explain why you believe it is reasonable to release the records to you.

Information for Consumers

Request for Records Relating to a Child

If the patient is a child, and not able to make a request for the records themselves, then the parent or legal guardian may make a request on the child's behalf. Only a parent or legal guardian who has not had parental responsibility limited by a Court order may do this. If care of the child is subject to a Family Court or other court order, provide a copy of the court order with the request.

If you are not sure who can sign the authorisation, telephone 9496 3103 to discuss.

Where to Send Your Application

Mail: Freedom of Information Officer
Austin Health
PO Box 5555 Heidelberg VIC 3084

OR

Email: foi@austin.org.au

Other Charges

The FOI Act sets out other access charges. You will be advised of any additional charges when your request has been approved. These charges must be paid before the information is released. In some cases these charges may be waived.

Charges that may apply are:

- DVD $23.00
- Photocopy Fee 20 cents per page
- Search Fee $22.20 per hour or part of an hour (*non-personal requests only*)
- Viewing Record $22.20 per hour or calculated in ¼ hour blocks
- Registered Post $4.50

What Happens Next

The FOI Act requires Austin Health to conduct a search for the records you request and provide you with a decision. A formal decision will be provided no later than **30 days** from receipt of a valid request. It may be provided via email, fax or post.

Note: During the course of processing an application, Austin Health may be required to consult third parties to determine whether to release all, or part of a record. This consultation may require an extension of time to make a decision. If so, we will contact you.

Your Review Rights

If Austin Health has made a decision to refuse or restrict access (apply exemptions) to the medical records, you may apply to have this decision reviewed by the Office of the Victorian Information Commissioner (OVIC). Refer to the OVIC website for further information.

If you are unsatisfied with the result of OVIC's review, you will have 60 days in which to lodge an appeal with the Victorian Civil and Administrative Tribunal (VCAT).

In relation to some decisions, you may apply for conciliation through the Health Complaints Commissioner (HCC). Refer to the HCC website for further information.

Can I Get Copies of X-rays or Scans

If your request is for x-rays or scans **only**, contact the Radiology Department directly on telephone number 9496 4624. The Radiology Department may charge separately for this.

More Information

Austin Health
http://www.austin.org.au/FOI
Email: foi@austin.org.au
Telephone: +613 9496 3103

Office of the Victorian Information Commissioner
https://ovic.vic.gov.au/

Austin HEALTH

FOI Application

U.R Number ……..

Surname ……

Given Name(s) ……..

Date of Birth ……..……..

AFFIX PATIENT LABEL HERE

FAH018100

Patient Details

Surname……Given Names……..……..

Address……..……

Phone Number *(home)* …… *(other)* ……..……

Email Address.....

Date of Birth…… UR Number *(if known)* ……..……

Applicant (if different from above)

Surname……Given Names……..……

Address……..……

Phone Number *(home)* …… *(other)* ……..……..

Email Address.....

Relationship to patient……....

For Access to a Child's Record:

Is the child subject to a Family Court Order? ☐ **NO** ☐ **YES** (attach a copy of the Court Order)

1) Service Contact

☐ Austin Hospital / Heidelberg Repatriation Hospital / Royal Talbot Rehabilitation Centre

☐ Fairfield Hospital (Year)…… ☐ Psychiatric Services

2) Information Required from the Medical Record *(Please tick ONE option only)*

☐ Entire Medical Record

OR

☐ Part of Medical Record

Provide description of documents / dates……

……

……

……

……

……

3) Do You Require Pathology and Radiology Results?

☐ No ☐ Yes (please specify date range) ……..……

4) Type of Access Required

☐ I wish to obtain a copy of the documents ***(Information will be provided on a DVD)***

☐ I wish to view the documents

See next page

FOI Application

L15.0

Austin HEALTH

FOI Application

U.R Number ……..

Surname ……

Given Name(s) ……..

Date of Birth ..……..……

AFFIX PATIENT LABEL HERE

FAH018100

Authority for Release of Information

Request for Records Relating To You

Signed ……..…… Date …..……/……/…….
(Applicant/Patient Signature)

☐ Photo identification provided .....

Request for Records Relating to Another Person

- The patient must sign this authority or you must provide evidence that you have the authority to access this information on behalf of the patient. Any additional information can be provided in the space below.
- If the patient is a child and there are legal circumstances that impact on the release of the child's information, provide evidence that you have the right to access this information. Any additional information can be provided in the space below.
- In relation to a deceased patient, access by the most senior available next of kin is not guaranteed. To assist us in assessing your application and making an informed decision regarding the release of a deceased patient's record, please explain the purpose of your application and why you believe it is reasonable to release the records to you.

I, ……..……of……..
(Patient or Next of Kin) *(Address)*

hereby authorise Austin Health to release information about ……..….
(Patient's Name / Myself)

to the aforementioned applicant.

Signed…….....…… Date……/……..…/…….
(Patient / Next of Kin signature)

Additional Information:

……

……

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……

Specify the evidence provided (e.g. Death Certificate) .....

Send application to:

Mail: Freedom of Information Officer
Austin Health
PO Box 5555
Heidelberg, VIC 3084

OR

Email: foi@austin.org.au

Enquiries: +613 9496 3103

Tax Invoice/Receipt

Do not scan into SMR

Australian Business Number (ABN): 96 237 388 063

Health Information Services
145 Studley Road
PO Box 5555
Heidelberg, VIC 3084, AUSTRALIA

Telephone: +613 9496 3103
Facsimile: +613 9458 4557

Email Address: foi@austin.org.au

Office Use Only:

Cost Centre / Acct Code: P0205 – 57506

Revenue is GST Out of Scope

Payment by Credit Card

Requestor Name (if different to name on Credit Card)	Card Type (tick)			
		MasterCard		Visa

Credit Card Number	CVV Number	Expiry date

Name on Card

Signature		Amount	$29.60

Payment by Cheque or Money Order

Attach the cheque or Money Order to this form and complete the following details.

Cheques are to be made out to **Austin Health.**

Payment From

Date of Cheque / Money Order		Amount	$29.60

Upon payment this document becomes a Tax Invoice/Receipt
Please keep a copy as no further receipts will be issued