

Freedom of Information Request

AMEND Medical Record

Your Right

The Freedom of Information Act (Section 39) gives you the right to request an amendment to a record that you have previously been given access to, if the record contains personal information that in your opinion is incomplete, incorrect, out of date or misleading.

How to Apply

Applications to amend a medical record must include the following before processing can commence:

1. FOI Amendment Application or Letter

Provide details of the amendment that you are seeking to make. Attach a clearly marked copy of the documents in question.

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.

3. Evidence of Authority to Amend the Medical Record

Request Relating to Your Own Medical Record

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 Relating to Another Person's Medical Record

If the request relates to another person's medical records, you must include written authorisation from the patient or evidence that you have the right to amend the medical record, e.g. Enduring Power of Attorney (Medical Treatment).

Request Relating to a Deceased Person's Medical Record

If the request relates to a deceased person's medical record, the most senior available next of kin must sign the authorisation and provide evidence to support this, e.g. a copy of the death certificate. The right to amend 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 for you to make this request.

Request Relating to a Child's Medical Record

If the patient is a child, and not able to make this request 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 OR Email: foi@austin.org.au
Austin Health
PO Box 5555 Heidelberg VIC 3084

Other Charges

There are no further charges unless you require another copy of the documents after an amendment or notation has been made to the medical record.

Charges that may apply if you require another copy of the amended record:

- DVD \$23.00
- Photocopy Fee 20 cents per page
- Registered Post \$4.50

What Happens Next

Austin Health has 30 days to make a decision about your request for amendment. The 30 day period starts when we have received your written application, appropriate signed authority, and application fee (or your evidence to support waiver of the fee).

Depending on the specific request, Austin Health may decide to:

- Amend the medical record
- Add a notation to the medical record
- Deny your request

Your Review Rights

If Austin Health decides not to amend or notate the medical record, you may 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.

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

<http://www.ovic.vic.gov.au>



FOI Amendment Application

U.R Number
Surname
Given Name(s)
Date of Birth

AFFIX PATIENT LABEL HERE

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 (if preferred method of communication).....
Relationship to patient.....

Details of Amendment

The document/s described below contain/s information that is:

Please tick Incomplete Incorrect Out of date Misleading

List the documents here.....

Describe what information requires changing and why.....

Attached: (Please tick)

- Copies of relevant medical record documents that have been clearly marked
- Copies of other documentation that supports your claim



FAH018101

FOI Amendment Application

L15.01



FOI Amendment Application

U.R Number

Surname

Given Name(s)

Date of Birth

AFFIX PATIENT LABEL HERE

Authority to Amend a Medical Record

Request Relating to Your Own Medical Record

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 make this request. 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 make this request. Any additional information can be provided in the space below.
- In relation to a deceased patient, the right to make this request by the most senior available next of kin is not guaranteed. To assist us in assessing your application and making an informed decision, please explain why believe your request is reasonable.

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:

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

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

Send application to:

Mail: Freedom of Information Officer OR **Email:** foi@austin.org.au
Austin Health
PO Box 5555
Heidelberg, VIC 3084

Telephone: +613 9496 3103



Tax Invoice/Receipt

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

Do not scan into SMR

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)

<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	Visa
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Credit Card Number

<input type="text"/>																			
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CVV Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry date

<input type="text"/>	<input type="text"/>
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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**