

Freedom of Information application form

Please read - **ACCESS TO ROYAL CHILDREN'S HOSPITAL (RCH) MEDICAL RECORDS - Information Guide** before completing this form

Where possible, we encourage you to **SCAN AND EMAIL** this form to foi@rch.org.au

<p>PATIENT</p> <p>First names Surname</p> <p>Date of birth/...../..... Patient MRN number (if known).....</p> <p>If the patient is aged 16 and over and not the applicant please see page 2.</p> <p><input type="checkbox"/> If there are current Family Court Orders in place, a copy of the order should be provided.</p>
<p>APPLICANT</p> <p>Mr/Ms/Miss/Mrs First name..... Surname</p> <p>Address Suburb</p> <p>State Postcode Telephone (home) (mobile)</p> <p>Email address:please write clearly</p> <p>Relationship to patient (self/parent/other)</p>
<p><input type="checkbox"/> IDENTIFICATION Copy of photo identification that shows your signature is mandatory We accept current driver's licence/passport</p>
<p><input type="checkbox"/> APPLICATION FEE \$31.80 (non-refundable)</p> <p>The Application Fee is waived if one of the following applies:</p> <p><input type="checkbox"/> Health Care Card or Pension Card (copy) <input type="checkbox"/> Compassionate grounds (patient is deceased)</p> <p><input type="checkbox"/> Photographs only</p> <p>Access charges apply see over</p>
<p>YOUR REQUEST IS FOR:</p> <p><input type="checkbox"/> COMPLETE RCH MEDICAL RECORD <input type="checkbox"/> PART OF THE RCH MEDICAL RECORD (SPECIFY THE INFORMATION YOU REQUIRE BELOW)</p> <p><input type="checkbox"/> PHOTOGRAPHS (no application fee required when the request is for photographs only)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Our records are stored as part of the Parkville Precinct Electronic Medical Record which includes information from Royal Women's Hospital, Peter MacCallum Cancer Centre, Royal Children's Hospital & The Royal Melbourne Hospital. By default, information from these health services will not be included in your release. If you require further information from any of the other Precinct partners, please contact them directly.</p>
<p>X-RAYS/SCANS IMAGES are not provided with the medical record, these can be obtained directly from RCH Medical Imaging Department Tel 9345 5255 Email: medical.imaging@rch.org.au</p>

APPLICANT'S SIGNATURE _____ **Date** ____ / ____ / ____

AUTHORITY TO ACCESS INFORMATION where the Applicant is NOT the patient

(Indicate which of the following applies to your application)

Request for medical records relating to a patient over 18yrs of age

The patient **must** sign the below authorisation **or** you must provide evidence that you have the authority to access this information. (eg Power of Attorney (Medical), or guardianship documents)

Request for medical records relating to a patient 16 – 18 yrs of age

In recognition of a young person's evolving competence and right to privacy, the RCH policy is to obtain consent from the young person. The patient must sign the below authorisation or you must provide evidence that the young person is not competent to provide authority. Include copy of patient identification.

I, _____ of _____
(Patient) (Address)

do hereby authorise The Royal Children's Hospital to release my medical information to the applicant

_____ Date ____/____/____
(Patient signature)

Enclose a copy of associated documents

- Patients Identification, eg driver's licence/passport/student card
- Power of Attorney (Medical) or Guardianship documents

ACCESS CHARGES

When the medical record has been located, we will correspond with you advising of the **access charges**.

When this payment has been made the information will be posted this may take up to 4 weeks

If you are suffering significant financial hardship and will be unable to pay the access charges, please contact us to discuss whether there is any way to reduce the fee.

- **Electronic Medical Record**
USB \$7.00
- **Paper records (these are not able to be scanned):**
Photocopy 20 cents per page
- **Photographs**
USB - \$7.00
Print - \$2.00 each
- **Postage** (registered /parcel post) \$6.00
(this may increase depending on the size of the package)

Please note we are not able to Email medical records

Email to: foi@rch.org.au

Mail: Freedom of Information Office
The Royal Children's Hospital
50 Flemington Road
Parkville Victoria 3052

Enquiries: 9345 5132/9345 9464