

# FREEDOM OF INFORMATION (FOI)

The Victorian *Freedom of Information Act 1982* (VIC) (**FOI Act**) allows you to request access to your own or your child's Royal Children's Hospital medical records.



## Information for Applicants

### A VALID APPLICATION (s17 of FOI Act)

#### Written application

All applications must be **made in writing** and have enough information for us to find the correct medical record. You can fill in an Application Form, write a letter or send an email.

#### IDENTIFICATION

Photo identification that shows your signature, eg a photocopy of a **driver's licence or passport** must be sent with your application.

#### Application fee: \$33.60 (non-refundable)

The application fee **must** accompany the written request. Information regarding forms of payment is included in the Application form. The application fee can be **waived if**:

- You hold a Health Care Card or valid Pension Card please provide a copy
- Compassionate grounds (patient is deceased)
- Requesting Photographs only

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## RIGHT TO ACCESS INFORMATION

The hospital must take reasonable steps to be satisfied that the applicant has the "right to access" the medical records. We have a duty to protect the privacy of personal information.

See information "[Authority to Access information](#)", located on the FOI application form

#### Authorising others to request records

You can authorise another person (eg TAC, solicitor) to make a request on your behalf. If you want someone to make a request on your behalf, you must give them your written authorisation for us to release the information to them.

**The following are other situations where we will require additional information to enable RCH to release medical information:**

#### Name change

If you are requesting your own records and have changed your name, include documentation showing the change of name, eg copy of marriage certificate.

#### Family Court Orders

If there are current Family Court Orders in place, a copy of the order should be provided.

#### Requesting records of a deceased patient

Evidence that you are the next of kin **or** written authority from the next of kin.

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## WHERE TO SEND YOUR APPLICATION

**Mail:** Freedom of Information  
Royal Children's Hospital  
50 Flemington Road  
Parkville VIC 3052

**OR**

**Email:** [foi@rch.org.au](mailto:foi@rch.org.au)

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## WHAT HAPPENS NEXT

You will receive a letter acknowledging receipt of your request.

A formal decision letter will be provided no later than **30 days** from receipt of a valid request. This may be subject to extensions permitted under the FOI Act of which you will be notified.

The decision letter will also include the access charges. When payment has been made the record will be copied and posted to you, this may take up to 4 weeks

## ACCESS CHARGES

The FOI Act indicates that we can charge reasonable costs for providing access to records.

These charges are in addition to the application fee. Where the application fee has been waived the access charges will still apply.

The access charges must be paid before the documents are released.

Some of the following may apply to your FOI application. When the information is located and format determined we will advise you of the cost. If we estimate the charges will exceed \$70, we will notify you prior to processing your request and reserve the right to charge a non-refundable deposit of up to 50% in accordance with s22(4) of the FOI Act.

### Medical Records

Fee Type	Amount
Search fee (if applicable)	\$25.20 per hour or part thereof
Retrieval fee (records stored offsite)	\$6.00 per volume
Paper file – (photocopied*) * Paper file records are unable to be provided digitally	\$0.20 per page
Microfiche record	\$30.00
Electronic Medical Record	\$30.00 for the first 2000 pages \$20.00 for each subsequent 2000 pages

### Photographs

Fee Type	Amount
Digital Photographs	\$30.00

**Registered or Parcel Post** \$13.50 (This may be increased depending on the size of the package)

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.

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## X-RAYS/SCANS – MEDICAL IMAGING

For patient/parent applications these can be obtained directly from the RCH Medical Imaging Department.

Telephone: 9345 5255 email: [medical.imaging@rch.org.au](mailto:medical.imaging@rch.org.au) website: [www.rch.org.au/med\\_imaging](http://www.rch.org.au/med_imaging)

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## INFORMATION TO BE SENT DIRECTLY TO A CURRENT TREATING DOCTOR?

Health Information Services is able to provide copies from medical records to GPs and other external health care providers involved in ongoing patient treatment. You or your doctor can contact them:

Telephone: 9345 6107 email: [his.patientinfo@rch.org.au](mailto:his.patientinfo@rch.org.au) facsimile: 9345 6589

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## INFORMATION REQUIRED FOR COURT PROCEEDINGS?

If you require the medical records urgently for Court proceedings, contact your Lawyer.  
A Subpoena to produce documents may be issued to send the records to the Court.

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## NEED MORE INFORMATION

If you have any questions or concerns about your application or the process, please contact our office

Telephone: 9345 5132/9345 9464 email: [foi@rch.org.au](mailto:foi@rch.org.au) facsimile: 9345 4088

Website: [www.rch.org.au/foi](http://www.rch.org.au/foi)

For further information regarding the Freedom of Information Act contact the Office of the Victorian Information Commissioner (OVIC)

Telephone: 1300 842 364 email: [enquiries@foicommissioner.vic.gov.au](mailto:enquiries@foicommissioner.vic.gov.au)

Website: [www.ovic.vic.gov.au](http://www.ovic.vic.gov.au)

# FREEDOM OF INFORMATION APPLICATION FORM



Where possible, we encourage you to SCAN AND EMAIL this form to [Foi@rch.org.au](mailto:Foi@rch.org.au)

## PATIENT DETAILS

First names ..... Surname .....

Date of birth ...../...../..... Patient MRN number (if known).....

## APPLICANT DETAILS

Mr/Ms/Miss/Mrs ..... First name..... Surname .....

Address ..... Suburb .....

State ..... Postcode ..... Telephone (home) ..... (mobile) .....

Email address: .....please write clearly

Relationship to patient ☐ Self ☐ Parent ☐ Other (please specify).....

**APPLICATION FEE \$33.60** – In accordance with the Freedom of Information Act 1982 (Vic) s17, the application fee is required as part of a valid request and is non- refundable.

☐ **PAYMENT BY ELECTRONIC FUND TRANSFER (EFT)** (provide a copy of payment receipt)

**Your reference must state: FOI application fee and patient's name**

Bank: **Commonwealth Bank**  
BSB: **063 010**

Account Name: **Royal Children's Hospital**  
Account No: **1094 5576**

☐ **PAYMENT BY CREDIT CARD** (1.5% SURCHARGE) **Please see payment form attached**

☐ **Cheque** ☐ **Money Order**- attached

## CONCESSIONAL INFORMATION

If you have a current Healthcare/Pension Card, the application fee may be waived (access charges may still apply). Please ensure you attach to your request a copy of your pension or healthcare card.

☐ Health Care Card or Pension Card

☐ Compassionate grounds (patient is deceased)

## REQUEST FOR:

☐ **COPY OF ALL DOCUMENTS IN THE MEDICAL RECORD**

**OR**

☐ **COPY OF SOME DOCUMENTS FROM THE MEDICAL RECORD** - Include as much information as possible, e.g. description of documents/dates)

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

☐ **COPY of PHOTOGRAPHS**

**X-RAYS/SCANS IMAGES are not provided** with the medical record, for patient/parent applications these can be obtained directly from RCH Medical Imaging Department Tel 9345 5255 Email: [medical.imaging@rch.org.au](mailto:medical.imaging@rch.org.au)

### Authority to Access Information

The hospital must take reasonable steps to be satisfied that the applicant has the "right to access" the medical records. We have a duty to protect the privacy of personal information.

#### Requesting YOUR OWN medical records (SELF)

Signed: ..... Date: ...../...../.....

Photo identification **MUST** be provided

☐ Drivers Licence ☐ Passport ☐ Other.....

#### Requesting YOUR CHILD'S medical records (PARENT/LEGAL GUARDIAN)

Is the child subject to Family Court Orders?, Yes ☐ (if yes please attached a copy of the Court Order) No ☐

Signed: ..... Date: ...../...../.....

Photo identification **MUST** be provided

☐ Drivers Licence ☐ Passport ☐ Other.....

#### Requesting information where the patient over 18yrs of age

It is preferable for the patient to apply for access to their own medical record. If this is not possible written authority from the patient will be required. The patient **must** sign the below authorisation

Where the patient is not able to provide authority we require evidence that you have the "right to access" the 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

\_\_\_\_\_  
(Patient signature) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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.

Reviewed JULY 2025

Freedom of Information  
The Royal Children's Hospital  
50 Flemington Road  
Parkville Vic 3052  
tel: 9345 5132/9345 9464  
email: [foi@rch.org.au](mailto:foi@rch.org.au)

**Tax Invoice/Receipt**  
**ABN 35655720546**



**FREEDOM OF INFORMATION APPLICATION FEE (non-refundable)**

**AMOUNT PAYABLE \$33.60**

**Patient's Name:** \_\_\_\_\_

☐ **Payment by Credit Card** (1.5% surcharge)

Cardholder's Name: \_\_\_\_\_ (please print)

Choose: Mastercard / Visa

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Cardholder's signature: \_\_\_\_\_

☐ **Payment by Electronic Fund Transfer (EFT)**

**Your reference must state: FOI application fee and include the patient's name**

**Please forward a copy of the payment advice with your application**

Bank: **Commonwealth Bank**

BSB: **063 010**

Account No: **1094 5576**

Account Name: **Royal Children's Hospital**

☐ **Cheque** - attached

☐ **Money Order** - attached

**Upon payment this document becomes a Tax Invoice/Receipt**

**Please keep a copy as no further receipts will be issued**

**Office Use ONLY**

**Cost Centre R1713 Account code 57506**

**FOI number** \_\_\_\_\_

**Cashiers, please email confirmation of payment to [foi@rch.org.au](mailto:foi@rch.org.au)**