### 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](mailto:foi@rch.org.au)

#### PATIENT

<table>
<thead>
<tr>
<th>First names</th>
<th>Surname</th>
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<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Patient UR number (if known)</th>
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If the patient is aged 16 and over and **not** the applicant an authority to release will be required please see page 2.

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

#### APPLICANT

<table>
<thead>
<tr>
<th>Mr/Ms/Miss/Mrs</th>
<th>First name</th>
<th>Surname</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Suburb</th>
<th>State</th>
<th>Postcode</th>
<th>Telephone (home)</th>
<th>(mobile)</th>
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<table>
<thead>
<tr>
<th>Email address</th>
<th>please write clearly</th>
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<tr>
<th>Relationship to patient (self/parent/other)</th>
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- □ IDENTIFICATION  
  Copy of photo identification that shows your signature is mandatory

  We accept current driver’s licence/passport

- □ APPLICATION FEE $29.60 (non-refundable)

  The Application Fee is **waived** if one of the following applies:
  - □ Health Care Card or Pension Card (copy)
  - □ Compassionate grounds (patient is deceased)
  - □ Photographs only

  Access charges apply see over

#### YOUR REQUEST IS FOR:

- □ **COMPLETE RCH MEDICAL RECORD** OR □ **PART OF THE RCH MEDICAL RECORD**

  (SPECIFY THE INFORMATION YOU REQUIRE)

  -
  -
  -
  -

  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.

- □ **PHOTOGRAPHS** (no application fee required when the request is for photographs only)

#### X-RAYS/SCANS IMAGES are not provided with the medical record, these can be obtained directly from

RCH Medical Imaging Department  
Tel 9345 6777  
Email: [medical.imaging@rch.org.au](mailto:medical.imaging@rch.org.au)

### 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.

_____________________________ of ________________________________
(Patient) (Address)

I, ______________________________________

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

________________________________________________________ Date _____/_____/

(Patient signature)

Enclose 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.

- **Electronic Medical Record**
  - Disc $20.00

- **Paper records**:
  - Photocopy 20 cents per page

- **Photographs**
  - Disc - $20.00
  - Print - $2.00 each

- **Postage** (registered / parcel post) $10.00
  - (this may increase depending on the size of the package)

Email to: foi@rch.org.au

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

Enquiries: 9345 5156/9345 5132