



## **FREEDOM OF INFORMATION**

### Requesting Access to Patient Information

#### **WHAT INFORMATION YOU CAN ACCESS**

The Victorian *Freedom of Information Act 1982* (Vic) (FOI Act) allows you to request access to a patient's health information held by Monash Health. Medical records can be obtained as paper or electronic copies, or they can be viewed in person.

Monash Health holds medical records for the following health services:

- Monash Medical Centre Clayton
- Monash Children's Hospital
- Moorabbin Hospital
- Dandenong Hospital
- Casey Hospital
- Kingston Centre
- Jessie McPherson Private Hospital
- Prince Henry's Hospital
- Mordialloc & Cheltenham Community
- Hampton Rehabilitation Hospital
- Heatherton Hospital
- Queen Victoria Hospital
- SECASA
- Victorian Heart Hospital

#### **HOW TO APPLY**

*Applications must include the following:*

**1. FOI Application Form or Letter**

Applications must be made in writing, either by filling out a Monash Health FOI application form, sending an email to the email listed below or by sending a letter to the address listed below. The request should include the patient's full name and date of birth for accurate identification of the patient's medical record.

**2. Application Fee (\$32.70 effective from 1 July 2024)**

The application fee is \$32.70. This fee is waived for applicant's who hold a current Pension Card or Health Care Card and can provide a photocopy of both sides with the application. Individual's suffering financial hardship can ask us to consider waiving the application fee.

**3. Clarity**

When making your request you should be clear and specific about the documents you are requesting access to. When writing your request, you should be specific about what documents you are seeking and include as much information as possible.

- What the documents relate to (for example, a complaint you made, or a particular project);
- The date range in which the documents may have been created;
- Where the documents might be located (for example, in John Smith's email account, or a specific business or work unit in an agency); and
- The type of document you seek (for example, an email, report, CCTV footage).

#### **WHERE TO SEND THE APPLICATION**

**MAIL:**

Freedom of Information Unit  
Monash Medical Centre  
Locked Bag 29  
Clayton South VIC 3169

**OR**

**EMAIL:**

[foi@monashhealth.org](mailto:foi@monashhealth.org)



#### 4. Identification and Evidence of Authority

- **Requesting Medical Records Relating to You**  
A photocopy of photo identification (*i.e. photocopy of a driver's licence or passport*) **MUST** be provided with any requests for medical records relating to you.
- **Requesting Medical Records Relating to Another Individual**  
A request for a medical record relating to a person other than the applicant must include written authorisation from the patient.
- **Patient not competent to consent**  
If the patient is unable to sign the form on their behalf, we require evidence that you are the legal representative of the patient (*e.g. Power of Attorney - Medical, Guardianship Order, etc.*)
- **Requesting Medical Records Relating to a Deceased Individual**  
If the patient is deceased, the most senior available next of kin must sign the authorisation and provide evidence of this (*e.g. a copy of the death certificate.*)
- **Requesting Medical Records Relating to a Child**  
If the patient is a child, and a Family Court Order is in place, a copy of the order should be provided. Individuals over the age of 16 years are required to provide authorisation for access to their medical record.

### **ACCESS CHARGES**

Access charges are the costs associated with obtaining the information you have requested and are in addition to the Application Fee of \$32.70. You will be advised of access charges when your request has been processed. These costs must be paid before the information is released. If you do not wish to proceed with your application, *you must notify us for the invoice to be withdrawn.*

#### Access Charges:

• <b>USB</b>	\$35.00
• <b>Photocopies</b>	20 cents per page copied
• <b>Search Fee (if applicable)</b>	\$23.85 per hour or part of an hour
• <b>Viewing Record (if applicable)</b>	\$5.55 per quarter hour ( <i>under supervision</i> )
• <b>Radiology Images (on CD)</b>	\$15.00 per CD
• <b>Registered Post</b>	\$12.00

### **WHAT HAPPENS NEXT**

Monash Health has **30 days** to make a decision in writing however, this timeframe can change.

**Please note:** In some cases, Monash Health may be required to consult with third parties to determine whether the documents sought are exempt from release. In these circumstances, your name may be shared with third parties. Where consultation is required, Monash Health may extend the period for deciding access by **15 days**. If an extension is required, you will be advised of this in writing.

### **MORE INFORMATION**

Please visit the Monash Health website at [www.monashhealth.org](http://www.monashhealth.org) or call the Freedom of Information Unit on (03) 9594-2123.



# FREEDOM OF INFORMATION APPLICATION FORM

UR Number: .....

Surname: .....

Given Name(s): .....

Date of Birth: ..... Sex: M / F

**AFFIX PATIENT LABEL HERE (IF AVAILABLE)**

## PATIENT DETAILS

Surname: ..... First Name(s): .....

Current Address: ..... Date of Birth: ...../...../.....

Contact Telephone Number: .....

Email Address: ..... UR Number (if known): .....

## APPLICANT DETAILS (if different from above)

Surname: ..... Given Name(s): .....

Current Address: .....

Contact Telephone Number: .....

Email Address: .....

Relationship to Patient ..... *Please attach a copy of any relevant legal documents (e.g. Probate, Power of Attorney, Guardianship Order, Death Certificate etc.)*

### **CHILDREN (under the age of 18):**

Is the child subject to a Family Court Order?      YES      NO

                 (If yes, please attach a copy of the Court Order)

## Documents you are requesting access to

- Complete Medical Record (including all results)
- Results only (pathology, radiology) other results specify below:  
\_\_\_\_\_
- Radiology on Disc
- Part Medical Record – ie. Date Range or Document Name (please specify below)  
\_\_\_\_\_  
\_\_\_\_\_
- SECASA record (South Eastern Centre Against Sexual Assault Clients only)
- Other Monash Health documents (specify below)  
\_\_\_\_\_

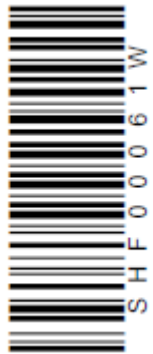
## TYPE OF ACCESS REQUIRED

- Copies on USB (\$35 each)
- Printed Photocopies (20 cents per page)
- View documents (Under supervision) (\$5.55 per 15 minutes)

## DELIVERY

- Registered Postage (\$12.00)  
Collect in Person (no charge)  
available upon request

**NOTE:** Only the Application Fee of \$32.70 is required at this point (waived with evidence of a valid Health Card or Pension Card). Access charges to obtain documents are in addition to the Application Fee. You will be advised of access charges by mail, which must be paid before access is provided to you.



**FOI APPLICATION FORM**



# FREEDOM OF INFORMATION APPLICATION FORM

UR Number: .....

Surname: .....

Given Name(s): .....

Date of Birth: ..... Sex: M / F

**AFFIX PATIENT LABEL HERE (IF AVAILABLE)**

## AUTHORITY TO ACCESS INFORMATION

### Request for Medical Records Relating to You (Typed Signatures will not be accepted)

Signed: ..... Date: ...../...../.....  
*(Applicant / Patient/ Guardian Signature)*

Photo Identification Provided:  Driver's Licence  Passport  Other.....

### Request for Medical Records Relating to Another Individual

1. Copy of applicants personal identification; and
2. Patient's written authorisation below.

I, [name] \_\_\_\_\_ give permission and authorisation for the applicant to act on my behalf and have access to any information requested.

Signed: ..... Date: ...../...../.....  
*(Patient or Next of Kin Signature)*

Applicant's Photo Identification:  Driver's Licence  Passport  Other.....

### Request for Medical Records Relating to a Deceased Individual

Where the patient is deceased, the patient's senior available next of kin (18 years of age and over) must sign the authorisation below and provide evidence that they are the next of kin (i.e. Copy of the Death Certificate). Proof of the relationship between applicant and deceased patient must also be provided.

I, ..... of .....  
*(Next of Kin) (Address)*

**do hereby authorise Monash Health to release information about ..... (Patient Name) to me.**

Signed: ..... Date: ...../...../.....  
*(Next of Kin Signature)*

Applicant's Photo Identification:  Driver's Licence  Passport  Other.....

## FOI APPLICATION CHECKLIST

- Complete FOI Application Form
- Include \$32.70 Application Fee (or copy of applicant's valid Health Care Card or Pension Card)
- Include Applicant Photo Identification that clearly shows your signature (e.g. Copy of Passport or Driver's Licence)
- Include a copy of any relevant legal documents (e.g. Probate, Medical Power of Attorney, Guardianship Order, Death Certificate etc.)

## SEND APPLICATION TO:

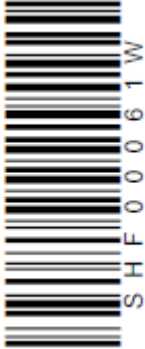
**MAIL:** Freedom of Information Unit  
 Monash Medical Centre  
 Locked Bag 29  
 Clayton South VIC 3169

**EMAIL:** foi@monashhealth.org

**ENQUIRIES:** (03) 9594 2123

**FAX:** (03) 9594 2106

**OFFICE HOURS:** Monday – Friday  
 9:00am – 4:00pm



FOI APPLICATION FORM



Australian Business Number (ABN): 82 142 080 338

## FREEDOM OF INFORMATION APPLICATION FEE PAYMENT FORM

**Mail:** Freedom of Information Unit  
Monash Medical Centre  
Locked Bag 29  
Clayton South VIC 3169

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

**Enquiries:** (03) 9594 2123

**Fax:** (03) 9594 2106

### PAYMENT BY CREDIT CARD

Payment From: \_\_\_\_\_

Payment Type:  Visa  MasterCard  Amex  Diners Club

Credit Card Number:

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Cardholder Name: \_\_\_\_\_

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

Amount: \$

Cardholder Signature: \_\_\_\_\_

### PAYMENT BY CHEQUE OR MONEY ORDER

Please make cheques payable to **Monash Health**

Payment From: \_\_\_\_\_

Date of Cheque / Money Order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please attach Cheque or Money Order with this form and send together with FOI Application Form to address provided at the top of this page.

Upon receipt of your Application Form and the Application Fee Payment, we will send you an acknowledgement letter and receipt for your payment via post.

#### OFFICE USE ONLY

Cost Centre:

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FOI Application No:

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**THIS DOCUMENT IS NOT FOR SMR  
SCANNING AND MUST BE DESTROYED  
UPON PROCESSING OF PAYMENT.**