Austin Health

Consumer Approved Austin Health

Information for Consumers

Freedom of Information Request for Medical Records

What Information You Can Access

The Victorian Freedom of Information (FOI) Act gives you the right to request access to medical records held by Austin Health. It is possible to obtain copies of medical records or to view records.

Austin Health holds records for the following:

- Austin Hospital
- Heidelberg Repatriation Hospital
- Fairfield Hospital (limited records)
- Royal Talbot Rehabilitation Centre
- Psychiatric Services (part of Austin Health)

Is Access Guaranteed?

Not all documents are automatically available. The FOI Act allows Austin Health to refuse access to certain documents or information. These documents are often referred to as 'exempt' documents and are described in the FOI Act. Each document is assessed on its merits before a decision is made. Most FOI applications are straightforward and no restrictions to information are applied.

How to Apply

Applications must include the following before processing can commence:

1. FOI Application or Letter

Applications must be made in writing using the attached application form or write a letter asking for access to the documents. Include the full name and date of birth of the patient so that the medical record can be correctly identified.

2. Application Fee - $27.90

The application fee is a fixed cost and is 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 also ask us to consider waiving the application fee. Refer to the attached tax invoice page for payment options.

3. Evidence of Authority for the Release of Information

Request for Records Relating to You

A scan or photocopy of photo identification MUST be provided with any requests for records relating to you, e.g. driver's licence or passport.

Request for Records Relating to Another Person

If you are applying for medical records relating to another person, you must include written authorisation from the patient or evidence that you have the right to access this information, e.g. Medical Enduring Power of Attorney.

Request for Records Relating to a Deceased Person

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.

Request for Records Relating to a Child

If the patient is a child, and there are any legal circumstances that impact on the release of the child's information, you must provide evidence that you have the right to access this information. For example, if the child is subject to a Family Court Order, provide a copy of the Court Order.

If you are not sure who can sign the authorisation, telephone 9496 3103 to discuss this further.

Where to Send Your Application

Post: Freedom of Information Officer
Austin Health
PO Box 5555
Heidelberg VIC 3084

OR

Email: foi@austin.org.au

Other Charges

The FOI Act sets out other access charges. You will be advised of any additional charges when your request has been approved. These charges must be paid before the information is released. In some cases these charges may be waived.

Charges that may apply are:

- DVD $22.00
- Photocopy Fee 20 cents per page
- Search Fee $20.90 per hour or part of an hour *(non-personal requests only)*
- Viewing Record $20.90 per hour or calculated in ¼ hour blocks
- Registered Post $4.50

What Happens Next

In accordance with the FOI Act, Austin Health has **45 days** to make a decision in writing about your request. The 45 day period starts when we have received your written application, appropriate signed authority and application fee (or your evidence to support the waiver of fees).

Allow two weeks for processing of documents following payment of charges.

Your Review Rights

If Austin Health has made a decision to restrict access (apply exemptions) to the records, applicants have the right to have this decision reviewed through one of the following processes.

1. Review by the Freedom of Information Commissioner

You may apply to the Freedom of Information Commissioner for review within 28 days after the day on which you receive our notification.

If you are unsatisfied with the result of the Freedom of Information Commissioner's review, you have 60 days in which to lodge an appeal with the Victorian Civil and Administrative Tribunal (VCAT).

OR

2. Seek Conciliation By The Health Services Commissioner

If the decision relates to health information, you may apply for conciliation through the Health Services Commissioner. You have 28 days to apply for this conciliation. If there is a serious threat to the life or health of the applicant, you have 70 days to apply.

If you are not satisfied with the result of the conciliation, you have 60 days in which to lodge an appeal with the Victorian Civil and Administrative Tribunal (VCAT).

Can I Get Copies of X-rays or Scans

If your request is for x-rays or scans only, contact the Radiology Department directly on telephone number 9496 5625. The Radiology Department may charge separately for this.

More Information

Austin Health
http://www.austin.org.au/FOI
Telephone: +613 9496 3103
Email: foi@austin.org.au

Freedom of Information Commissioner
http://foicommissioner.vic.gov.au/

Austin Health

FOI Application

U.R Number ……..

Surname ……

Given Name(s) ……..

Date of Birth ……..……..

AFFIX PATIENT LABEL HERE

FAH018100

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.....

Relationship to patient……....

☐ **If the patient is a child and is subject to a Family Court Order, provide a copy of the Court Order**

Service Contact

☐ Austin Hospital / Heidelberg Repatriation Hospital / Royal Talbot Rehabilitation Centre

☐ Fairfield Hospital (Year)…… ☐ Psychiatric Services

Information Required from the Medical Record

☐ Entire Medical Record

OR

☐ Part of Medical Record

Provide description of documents / dates:……

……

……

……

……

……

Do You Require Pathology and Radiology Results?

☐ No ☐ Yes (specify date range) ……

Type of Access Required

☐ I wish to obtain a copy of the documents ***(Information will be provided on a DVD)***

☐ I wish to view the documents

Please see next page

FOI Application

L15.0

Austin Health

FOI Application

U.R Number ……..

Surname ……

Given Name(s) ……..

Date of Birth ..……..……..

AFFIX PATIENT LABEL HERE

FAH018100

Authority for Release of Information

Request for Records Relating To You

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 right to access this information. 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 access this information, e.g. a copy of the Family Court Order.

I, ……..…….of……..
(Patient or Next of Kin) *(Address)*

do hereby authorise Austin Health to release information about ……..…..
(Patient's Name / Myself)

to the aforementioned applicant.

Signed…….....…… Date……../……..…/…….
(Patient / Next of Kin signature)

☐ Specify the evidence provided .....

Request for Records Relating to a Deceased Patient

Where the patient is deceased, the patient's next of kin must sign the authorisation and provide evidence that they are the next of kin, e.g. copy of the death certificate.

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

do hereby authorise Austin Health to release information about ……..…..
(Patient's Name)

to me.

Signed…….....…… Date……../……..…/…….
(Next of Kin signature)

☐ Specify the evidence provided .....

Send applications to:

Freedom of Information Officer
Austin Health
PO Box 5555
Heidelberg, VIC 3084

OR Email to: foi@austin.org.au

Enquiries: +613 9496 3103

Austin Health

Australian Business Number (ABN): 96 237 388 063

Tax Invoice/Receipt

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 Free.

Payment by Credit Card

Payment From	Card Type (tick)			
		MasterCard		Visa

Credit Card Number	Expiry date

Name on Card

Signature		Amount	**$27.90**

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	**$27.90**

Upon payment this document becomes a Tax Invoice/Receipt
Please keep a copy as no further receipts will be issued