

Medical Record Access Form (Patient Request)



In accordance with the *Health Records Act 2001* it may take a maximum of **45 days** to complete individual requests.

SECTION 1 – APPLICANT DETAILS

Surname: First Name:

If not the patient, the appropriate form of consent or authority to access the medical record must be provided and attached to this form.

Please note: The Health Information of a deceased individual can only be accessed by the legal representative of the deceased.

State relationship to patient i.e. Guardian, Parent, Executor, Power of Attorney etc

(Please provide **certified copy** of proof that you have authority to act for the patient – ie. Will, POA, etc.)

Postal Address:

Suburb: Postcode: State:

Phone Number: (Home) (Work) (Mobile)

Please provide a certified copy* of the following forms of identification:
Australian Drivers Licence or Australian Passport

OR

- > Two forms of identification (at least one of which is photographic identification)
- > N.B. Pension / Health Care Concession Card Holders are entitled to a waiver of the assessment and collation fee upon providing a certified copy of the card/s
- > Please click [here](#) to see a list of people authorised to witness documents in accordance with section 107A of the Evidence Act 1958 (Vic)

SECTION 2 – PATIENT DETAILS

Surname of Patient: First Name of Patient:

Date of Birth: / / Epworth UR Number (If Known):

SECTION 3 – REQUEST DETAILS

Do you want access to all or part of you medical record? All Part

If partial access is required, describe clearly the documents / admissions you require:

What form of access do you require?

Photocopy of Record CD View the record View the record with explanation

What is the reason for your request?

If record is being sent to General Practitioner/Solicitor/Other, please provide their :

Surname: First Name:
Address:
Suburb: Postcode: State:
Company (if applicable): Phone no:

SECTION 4 – ACKNOWLEDGEMENT OF COSTS

I acknowledge that there is a cost involved in providing the requested information and that payment is required on/ or prior to collection. An invoice outlining the charges will be forwarded.

Signature: Date:

Name: *Please print name clearly*

Please do not send any payment with this form. An invoice will be posted to you

Completed forms may be sent via one of the methods below

Email:	Fax:	Mail:
EH.MedicoLegal@epworth.org.au	(03) 9429 9075	H.I.S. Dept. Ground Floor Cato Wing, Epworth Richmond, 89 Bridge Road, Richmond VIC 3121.

For any phone enquiries, please contact us on (03) 9426 6554 or (03) 9426 8503

Medical Record Access Fees

The table below lists the varying forms of medical record access that is available to the applicant and the fees for each form of access. The fees are in accordance with the regulations under the *Health Records Act 2001*.

FORM OF ACCESS	FEE
Copy of medical record	<ul style="list-style-type: none"> > 20 cents per page (Black & White, A4 page) > 10 cents per page (CD) if available > \$31.30 assessment and collation > \$15.00 retrieval of offsite records > \$10.00 postage > Please note cost is: \$25.00 per 500g for international packages
View the record	<ul style="list-style-type: none"> > \$5.00 per quarter hour (or part of a quarter hour) > \$31.30 assessment and collation > \$15.00 retrieval of offsite records
View the record with explanation	<ul style="list-style-type: none"> > \$31.30 assessment and collation > \$15.00 retrieval of offsite records > Health Service Provider Consultation fee (\$80.00)

****GST is payable on the above fees****

Please note: When information is only held electronically, it will be produced on a CD unless a paper copy is requested. When information is only held in paper format, it will be produced as a paper copy.

CD only available for admissions stored in the Epworth Electronic System.