



FREEDOM OF INFORMATION ACT
ACCESS TO MEDICAL RECORDS
REQUEST FORM

Information for Applicants

Under the terms of the Freedom of Information Act 1982 (Vic), provision is made for members of the public to access patient records held by public hospitals. Patients [or next of kin in certain circumstances] are entitled to apply to read records or alternatively obtain a copy. Should a patient wish to access information from our records the form below must be completed, in accordance with the terms of the Freedom of Information Act.

This form must be accompanied by :

- Form of identification [for example, photocopy of a driver licence, birth certificate, current Health Care Card]
- \$23.40 application fee [or Evidence of financial hardship, eg. photocopy of current Health Care Card]

APPLICANT DETAILS

[Details of the person seeking the information]

Surname : _____ Given name[s] _____

Postal address : _____

Telephone contact number[s] _____

Date of Birth : _____

Previous name [if applicable] _____

Previous address [if applicable] _____

DETAILS OF REQUEST

I request access to the following documents –

[Please clearly indicate the dates of admission or attendance and extent of request]

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

Name [in print] _____ Signature _____ Date _____

If you are applying for the record of another person, please complete the following :

Name of person whose record you are requesting to have access to :

Surname : _____ Given name[s] _____

Postal address : _____

Date of Birth : _____

Reason for accessing information : _____

Applicant's relationship to person listed above : _____

Patient's authority to release information : _____
[or proof of Power of Attorney required]

DETAILS OF REQUEST

I request access to the following documents –

[Please clearly indicate the dates of admission or attendance and extent of request]

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

Name [in print] _____

Signature _____

Date _____

OFFICE USE ONLY : Date application receivedUR number.....

Freedom of Information Officer approvalDate

Date documents collected/posted

Total amount paid \$.....