

FREEDOM OF INFORMATION (FOI)

The Victorian *Freedom of Information Act 1982* (VIC) (**FOI Act**) allows you to request access to your own or your child's Royal Children's Hospital medical records.



Information for Applicants

A VALID APPLICATION (s17 of FOI Act)

Written application

All applications must be **made in writing** and have enough information for us to find the correct medical record. You can fill in an Application Form, write a letter or send an email.

IDENTIFICATION

Photo identification that shows your signature, eg a photocopy of a **driver's licence or passport** must be sent with your application.

Application fee: \$32.70 (non-refundable)

The application fee **must** accompany the written request. Information regarding forms of payment is included in the Application form. The application fee can be **waived if**:

- You hold a Health Care Card or valid Pension Card please provide a copy
- Compassionate grounds (patient is deceased)
- Requesting Photographs only

RIGHT TO ACCESS INFORMATION

The hospital must take reasonable steps to be satisfied that the applicant has the "right to access" the medical records. We have a duty to protect the privacy of personal information.

See information **"Authority to Access information"**, located on the FOI application form

Authorising others to request records

You can authorise another person (eg TAC, solicitor) to make a request on your behalf. If you want someone to make a request on your behalf, you must give them your written authorisation for us to release the information to them.

The following are other situations where we will require additional information to enable RCH to release medical information:

Name change

If you are requesting your own records and have changed your name, include documentation showing the change of name, eg copy of marriage certificate.

Family Court Orders

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

Requesting records of a deceased patient

Evidence that you are the next of kin **or** written authority from the next of kin.

WHERE TO SEND YOUR APPLICATION

Mail: Freedom of Information
Royal Children's Hospital
50 Flemington Road
Parkville VIC 3052

OR

Email: foi@rch.org.au

WHAT HAPPENS NEXT

You will receive a letter acknowledging receipt of your request.

A formal decision letter will be provided no later than **30 days** from receipt of a valid request. This may be subject to extensions permitted under the FOI Act of which you will be notified. This letter will also include the access charges. When payment has been made the record will be copied and posted to you, this may take up to 4 weeks

ACCESS CHARGES

The FOI Act sets out the following charges for providing access to records. These are in addition to the Application fee. Where the Application fee has been waived the access charges will still apply.

The access charges must be paid before the documents are released.

Electronic Medical Records:	USB \$10.00
Paper records:	Photocopy 20 cents per page
Registered or Parcel Post	\$10.00 (This may be increased depending on the size of the package)
Photographs: Prints	\$5.00 each USB \$10.00

Please note we DO NOT Email/Fax medical records.

If you are suffering significant financial hardship and will be unable to pay the access charges, please contact us to discuss whether there is any way to reduce the fee.

X-RAYS/SCANS – MEDICAL IMAGING

For patient/parent applications these can be obtained directly from the RCH Medical Imaging Department.

Telephone: 9345 5255 email: medical.imaging@rch.org.au website: www.rch.org.au/med_imaging

INFORMATION TO BE SENT DIRECTLY TO A CURRENT TREATING DOCTOR?

Health Information Services is able to provide copies from medical records to GPs and other external health care providers involved in ongoing patient treatment. You or your doctor can contact them:

Telephone: 9345 6107 email: his.patientinfo@rch.org.au facsimile: 9345 6589

INFORMATION REQUIRED FOR COURT PROCEEDINGS?

If you require the medical records urgently for Court proceedings, contact your Lawyer.
A Subpoena to produce documents may be issued to send the records to the Court.

NEED MORE INFORMATION

If you have any questions or concerns about your application or the process, please contact our office

Telephone: 9345 5132/9345 9464 email: foi@rch.org.au facsimile: 9345 4088

Website: www.rch.org.au/foi

For further information regarding the Freedom of Information Act contact the Office of the Victorian Information Commissioner (OVIC)

Telephone: 1300 842 364 email: enquiries@foicommissioner.vic.gov.au

Website: www.ovic.vic.gov.au

FREEDOM OF INFORMATION APPLICATION FORM



Where possible, we encourage you to **SCAN AND EMAIL** this form
to foi@rch.org.au

PATIENT DETAILS

First names Surname

Date of birth/...../.....

Patient MRN number (if known).....

APPLICANT DETAILS

Mr/Ms/Miss/Mrs First name..... Surname

AddressSuburb

State PostcodeTelephone (home) (mobile)

Email address:please write clearly

Relationship to patient Self ☐ Parent ☐ Other (please specify).....

APPLICATION FEE \$32.70 (non refundable)

☐ **PAYMENT BY ELECTRONIC FUND TRANSFER (EFT)** (copy of remittance advice to be attached)

Your reference must state: FOI application fee and patient's name

Bank: **Commonwealth Bank** Account Name: **Royal Children's Hospital**

BSB: **063 010**

Account No: **1094 5576**

☐ **PAYMENT BY CREDIT CARD** (1.5% SURCHARGE)

Please see payment form below

☐ **Cheque** ☐ **Money Order**- attached

This Fee is **waived** if one of the following applies:

☐ Health Care Card or Pension Card (copy) ☐ Compassionate grounds (patient is deceased)

☐ Photographs only

YOUR REQUEST IS FOR:

☐ **COPY OF COMPLETE MEDICAL RECORD**

☐ **COPY OF PART OF THE MEDICAL RECORD**

INCLUDE AS MUCH DETAIL AS POSSIBLE E.G. Provide description of documents/dates)

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☐ Copy of **PHOTOGRAPHS** (no application fee required when the request is for photographs only)

X-RAYS/SCANS IMAGES are not provided to with the medical record, for patient/parent applications these can be obtained directly from RCH Medical Imaging Department Tel 9345 5255 Email: medical.imaging@rch.org.au

Authority to Access Information

The hospital must take reasonable steps to be satisfied that the applicant has the "right to access" the medical records. We have a duty to protect the privacy of personal information.

Requesting YOUR OWN medical records (SELF)

Signed: Date:/...../.....

Photo identification MUST be provided

☐ Drivers Licence ☐ Passport ☐ Other.....

Requesting YOUR CHILD's medical records (PARENT/LEGAL GUARDIAN)

Is the child subject to Family Court Orders?, Yes ☐ (if yes please attached a copy of the Court Order) No ☐

Signed: Date:/...../.....

Photo identification MUST be provided

☐ Drivers Licence ☐ Passport ☐ Other.....

Requesting information where the patient over 18yrs of age

It is preferable for the patient to apply for access to their own medical record. If this is not possible written authority from the patient will be required. The patient **must** sign the below authorisation

Where the patient is not able to provide authority we require evidence that you have the "right to access" the 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.

I, _____ of _____
(Patient) (Address)

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

(Patient signature) Date ____/____/____

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.

Reviewed JULY 2024

Freedom of Information
The Royal Children's Hospital
50 Flemington Road
Parkville Vic 3052
tel: 9345 5132/9345 9464
email: foi@rch.org.au

Tax Invoice/Receipt
ABN 35655720546



FREEDOM OF INFORMATION APPLICATION FEE (non-refundable)

Credit Card Payment only

AMOUNT PAYABLE \$32.70

Patient's Name: _____

☐ **Payment by Credit Card** (1.5% surcharge)

Cardholder's Name: _____

Choose: Mastercard / Visa

Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____

Cardholder's signature: _____

Upon payment this document becomes a Tax Invoice/Receipt

Please keep a copy as no further receipts will be issued

Office Use ONLY

Cost Centre R1713 Account code 57506

FOI number _____

Cashiers, please email confirmation of payment to foi@rch.org.au