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
- Prince Henry’s Hospital
- Mordialloc & Cheltenham Community
- Hampton Rehabilitation Hospital
- Heatherton Hospital
- Queen Victoria 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 or by writing a letter. 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 ($28.90 effective from 1 July 2018)**
   The application fee is a fixed cost of $28.90 which is non-refundable. This fee is waived for applicants who hold a current Pension Card or Health Care Card and can provide a photocopy of both sides with the application. Individuals suffering financial hardship can ask us to consider waiving the application fee.

3. **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 or 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.

WHERE TO SEND THE APPLICATION

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

**EMAIL:**
foi@monashhealth.org

OR
ACCESS CHARGES
Access charges are the costs associated with obtaining the information you have requested and are in addition to the Application Fee of $28.90. 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:
- USB $30.00
- Photocopies 20 cents per page copied
- Search Fee (if applicable) $21.70 per hour or part of an hour
- Viewing Record (if applicable) $5.40 per quarter hour (under supervision)
- Radiology Images (on CD) $10.00 per CD
- Registered Post $11.50

WHAT HAPPENS NEXT
In accordance with the FOI Act, Monash Health has 30 days to make a decision in writing about granting access to your request. The 30 day period starts when we have received your written application, appropriately signed authority and application fee (or your Pension Card or Health Care Card to support waiving the fees).

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.

ASSESSING YOUR REQUEST
A patient’s medical record is the property of Monash Health and therefore is subject to Freedom of Information Legislation. There are several sections of the FOI Act under which a person’s privacy must be protected. As a result, we may be obliged to consult third parties and exempt certain sections of a medical record from release.

Two of the most relevant sections of the Act are:

- SECTION 35 (1)(b)
  This section states that we are obliged to keep information given in confidence by third parties (i.e. relatives, friends, outside clinicians, etc.) CONFIDENTIAL, unless such parties are willing to agree to disclosure.

- SECTION 33 (1)
  This section requires us to respect the confidentiality of information relating to a patient or another person’s PERSONAL AFFAIRS (even after death), unless the patient or their next of kin are willing to allow disclosure.

There are several other exemption provisions under which information may not be released. You will be advised in writing if any such provisions are relevant to your application and of your right to appeal such decisions.

APPLICANT’S REVIEW RIGHTS
If Monash Health have made a decision to exempt part(s) of the medical record, applicants have the right to have the decision reviewed by the Officer of the Victorian Information Commissioner.

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

MORE INFORMATION
Please visit the Monash Health website at 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

**PATIENT DETAILS**

<table>
<thead>
<tr>
<th>Surname: .............................................</th>
<th>Given Name(s): .............................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ...............................................</td>
<td>Date of Birth: .............................................</td>
</tr>
<tr>
<td>Home Phone: ...........................................</td>
<td>Mobile Phone: ..............................................</td>
</tr>
<tr>
<td>Email Address: ........................................</td>
<td>UR Number (if known): ...................................</td>
</tr>
</tbody>
</table>

**APPLICANT DETAILS (if different from above)**

<table>
<thead>
<tr>
<th>Surname: .............................................</th>
<th>Given Name(s): .............................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ...............................................</td>
<td>Other Phone: ...............................................</td>
</tr>
<tr>
<td>Email Address: ........................................</td>
<td>Relationship to Patient ...................................</td>
</tr>
</tbody>
</table>

**SITE/S ATTENDED**

- Monash Medical Centre Clayton
- Monash Children's Hospital
- Moorabbin Hospital
- Dandenong Hospital
- Casey Hospital
- Kingston Centre

**OTHER SERVICES**

- Prince Henry's Hospital
- Mordialloc & Cheltenham Community
- Hampton Rehabilitation Hospital
- Heatherton Hospital
- Queen Victoria Hospital
- Other (please specify) ...................................

**DOCUMENTS REQUESTED**

- Complete Medical Record
- Part of Medical Record (Please Indicate Below)
  - Emergency Department Attendance  ____/____/_____
  - Inpatient Admission  ____/____/_____
  - Outpatient Notes  ____/____/_____
  - Radiology / Pathology Results  ____/____/_____
  - Other (please specify)  ____/____/_____

- Other Documents (please specify) ...................................

- Radiology Images on CD (including X-Rays, MRI/CT scan images etc.) - $10.00 per disc

**TYPE OF ACCESS REQUIRED**

- Copies on USB ($30 each)
- Printed Photocopies (20 cents per page)
- View documents (Under supervision) ($5.40 per 15 minutes)
- Other (please specify i.e. CD) ...................................

**DELIVERY**

- Registered Postage ($11.50)
- Collect in Person (no charge)
  (from Monash Medical Centre, Clayton)

**NOTE:** Only the Application Fee of $28.90 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.
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

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

Photo Identification Provided: □ Driver’s Licence □ Passport □ Other...............................

Request for Medical Records Relating to Another Individual

The patient must sign the below authorisation or you must provide evidence that you have the authority to access this information. If a patient is a child under the age of 16, and there are legal circumstances that may impact on the release of the child’s information, evidence that you have the right to access the patient’s information must be provided (i.e. a copy of the Family Court Order).

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

do hereby authorise Monash Health to release information about ..........................................
(Patient Name / Myself)
to the aforementioned applicant
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 $28.90 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, 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
PAYMENT BY CREDIT CARD

Payment From: ________________________________

Payment Type: □ Visa □ MasterCard □ Amex □ Diners Club

Credit Card Number:

[Credit Card Number]

Cardholder Name: ________________________________

Expiry: ____ / ________    Amount: $ 28.90

Cardholder Signature: ________________________________

PAYMENT BY CHEQUE OR MONEY ORDER

Please make cheques payable to Monash Health

Payment From: ________________________________

Date of Cheque / Money Order: _____ / _____ / ________    Amount: $ 28.90

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.