



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
- Jessie McPherson Private Hospital
- Prince Henry's Hospital
- Mordialloc & Cheltenham Community
- Hampton Rehabilitation Hospital
- Heatherton Hospital
- Queen Victoria Hospital
- SECASA
- Victorian Heart 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, sending an email to the email listed below or by sending a letter to the address listed below. 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 (\$34.50 effective from 1 July 2026)

The application fee is \$34.50. This fee is waived for applicant's who hold a current Pension Card or Health Care Card and can provide a photocopy of both sides with the application. Individual's suffering financial hardship can ask us to consider waiving the application fee.

3. Clarity

When making your request you should be clear and specific about the documents you are requesting access to. When writing your request, you should be specific about what documents you are seeking and include as much information as possible.

- What the documents relate to (for example, a complaint you made, or a particular project);
- The date range in which the documents may have been created;
- Where the documents might be located (for example, in John Smith's email account, or a specific business or work unit in an agency); and
- The type of document you seek (for example, an email, report, CCTV footage).

WHERE TO SEND THE APPLICATION

MAIL:

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

OR

EMAIL:

foi@monashhealth.org



4. 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.

➤ **Patient not competent to consent**

If the patient is unable to sign the form on their behalf, we require 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.

ACCESS CHARGES

Access charges are the costs associated with obtaining the information you have requested and are in addition to the Application Fee of \$34.50. 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 / encrypted email	\$35.00
• Photocopies	20 cents per page copied
• Search Fee (<i>if applicable</i>)	\$25.91 per hour or part of an hour
• Viewing Record (<i>if applicable</i>)	\$5.55 per quarter hour (<i>under supervision</i>)
• Radiology Images (<i>on CD</i>)	\$15.00 per CD
• Registered Post	\$15 Melbourne Metro \$20 Regional Victoria \$25 Interstate *International Dependant destination

WHAT HAPPENS NEXT

Monash Health has **30 days** to make a decision in writing however, this timeframe can change.

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.



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 *(Typed Signatures will not be accepted)*

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

Photo Identification Provided: Driver's Licence Passport Other.....

Request for Medical Records Relating to Another Individual

1. Copy of applicants personal identification; and
2. Patient's written authorisation below.

I, [name] _____ give permission and authorisation for the applicant to act on my behalf and have access to any information requested.

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 \$34.50 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, Medical Power of Attorney, Guardianship Order, Death Certificate etc.)*

SEND APPLICATION TO:

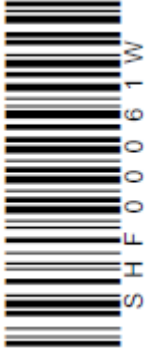
MAIL: Freedom of Information Unit
Monash Medical Centre
Locked Bag 29
Clayton South VIC 3169

EMAIL: foi@monashhealth.org

ENQUIRIES: (03) 9594 2123

FAX: (03) 9594 2106

OFFICE HOURS: Monday – Friday
9:00am – 4:00pm



FOI APPLICATION FORM



Australian Business Number (ABN): 82 142 080 338

FREEDOM OF INFORMATION APPLICATION FEE PAYMENT FORM

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

PAYMENT BY EFT- DIRECT DEPOSIT

Account Name: Monash Health

BSB: 033 299

Account No: 630 170

Bank: Westpac

Ref: FOI- Patient surname

PAYMENT BY CREDIT CARD

Payment From: _____

Payment Type: Visa MasterCard Amex Diners Club

Credit Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cardholder Name: _____

Expiry: ____ / ____ Amount: \$ 34.50

Cardholder Signature: _____