Request for Information

Information for Applicants

Access to an individual's medical records may be requested in accordance with the Health Records Act 2001 (VIC). All requests must be received in writing using the attached Request for Information form together with any required photographic identification. Where a requestor is seeking access to another person's medical record, proof of authority will be required (see form for further details).

How to Make a Request

Complete the attached Request for Information form in full. The request must include the patient's full name and date of birth along with photocopies of the proof of identification document specified below.

Proof of Identification Required

Under the Health Records Act 2001 (Vic), we may request evidence of the applicant's identity. If the request is for another person's medical record, we will require evidence of the applicant's authority to make the request on the patient's behalf.

All medical record requests must include photocopies of identification / evidence of authority as listed below:

Where requesting your own medical record

1. A photocopy of your Australian Driver's License or Australian Passport, OR two forms of identification (at least one of which is photographic identification)

Where requesting the medical record of another person

1. A photocopy of your Australian Driver's License or Australian Passport, OR two forms of identification (at least one of which is photographic identification) **and**
2. A photocopy of evidence to show the applicant is an authorised representative of the patient (e.g. Executor Grant of Probate / Letter of Administration, Guardianship Order, Medical Enduring Power of Attorney, Appointment of Medical Decision Maker / Support Person, Child's Birth Certificate)

Where requesting the medical record of a deceased person

1. A photocopy of your Australian Driver's License or Australian Passport, OR two forms of identification (at least one of which is photographic identification) **and**
2. A photocopy of evidence to show the applicant is the legal representative of the decreased in the form of the Grant of Probate or Letter of Administration

Fees for Accessing Medical Records

Please note, you do not need to send payment with your request form. We will invoice you when your request is processed. The following fees are in accordance with the regulations under the *Health Records Act 2001 (VIC).*

Request for Information

Victorian Fees (As of July 2024, 1 fee unit is worth $16.33) GST is applicable on below costs	
Assessment and Collation fee	$40.80 (2.5 fee units)
Black & white A4 photocopy	$0.20 per page
PDF by secure email	$0.12 per page
Domestic Registered Post	From $15.95 (varies based on size / weight)
International Postage	From $34.90 per 500g (varies based on size / weight / location)
Supervised inspection of records	$19.60 per half hour (1.2 fee units per half hour)
View record with explanation of content	Usual consultation fee for health service provider or $47.40 (2.9 fee units per quarter hour) up to $153.50 (9.4 fee units), whichever is greater.
Solicitors/Insurance/Subpoena requests	Determined by request

How Long Will it Take to Process My Request?

In accordance with the H*ealth Records Act 2001 (VIC)*, Adeney Private have up to 45 days to respond to your request and your request will be processed within 45 days once payment is received.

How Do I Pay My Invoice?

Once we receive the completed form and necessary identification documentation, we will process your request and send an invoice to your email address. Your invoice will include payment instructions for payment by EFT bank transfer or credit card.

Further Questions

For further questions regarding access to patient medical records, please contact our Patient Services Team on Ph: (03) 7049 5000 or email privacy@adeneyprivate.com.au

Returning Completed Forms

Please return the following documents as below to the Medical Record Access Officer:

- ☐ Fully completed Request *for Information* form
- ☐ Attached **photocopy** of applicant's photo identification
- ☐ Attached **photocopy** of applicant's proof of authority to make request on patient's behalf (see form for authority documents accepted)

Return above documents to:

Mail: Medical Records Access Officer
209 Cotham Road
Kew VIC 3101
Email: privacy@adeneyprivate.com.au
Fax: (03) 7049 5099

Request for Information

Complete the attached Request for Information form. The request must include the patient's full name and date of birth, along with photocopies of the required proof of identification documents specified below.

1. Patient Details			
Previous Surname (if any):			
Surname:			
Given Name(s):			
Date of Birth:		**UR Number (if known):**	
2. Applicant Details (if not the patient)			
Surname:			
Given Name(s):			
What is your relationship to the patient? NB: Please specify and attach proof			
You must attach a photocopy of the specified proof of your authority to make this request on behalf of a patient	☐ Executor (attach Grant of Probate or Letters of Administration) ☐ Guardian or Administrator (attach Order) ☐ Medical Enduring Power of Attorney (attach Power of Attorney) ☐ Medical Treatment Decision Maker (attach Appointment of Medical Treatment Decision Maker) ☐ Support Person Appointment (attach Appointment of Support Person) ☐ Parent (attach Child's Birth Certificate) ☐ Other Authority – please specify: (attach proof)		
3. Applicant Photographic Identification NB: You must attach a photocopy of **one** category of identification below			
☐ Current Australian Driver's License	☐ Current Australian Passport	☐ Two forms of identification (one being photo ID)	
4. Applicant Concession Entitlement (NB: This may entitle you to a waiver of some of the fees) **Do you hold a current Pension or Health Care Concession Card?**			
☐ No ➔ Go to next question	☐ Yes ➔ attach a certified photocopy of the card		
5. Applicant Contact Details			
Address:			
	Street:		
	Suburb:		
	State:	**Postcode:**	
Home Phone No:		**Mobile Phone No:**	
Email Address:			

Request for Information

6. Document Access Requested	
☐ Complete medical record ➔ Go to the next question	
☐ Partial Access (choose from below and specify the dates, admissions and/or other documents required)	
☐ Discharge Summary	Specify dates:
☐ Operation Report	Specify dates:
☐ Other – please specify:	

7. Type of Access Requested		
Photocopy of the medical record via:		
☐ Collection via Adeney Private Hospital	☐ Registered Post	☐ Electronically via secure email (not available for large records)
Other access of the medical record (NB: Please contact Patient Services team for more information – contact details below)		
☐ Amend personal information contained in the records	☐ Personally view records with supervision	☐ Explanation of the records by a Health Service Provider

8. Declaration & Acknowledgement of Fee

I declare that I am the person in the identification document I have provided and/or I am authorised to make this request for medical record access; and

I acknowledge that there is a fee involved in providing the requested information and that payment is required on or prior to collection. An invoice for access to the medical record will be forwarded, and I agree to be responsible for paying the fee.

Applicant Signature:	
Full Name (please print):	
Date:	

END OF FORM – PLEASE RETURN COMPLETED FORM TO:

Mail: Medical Record Access Officer
Adeney Private Hospital
209 Cotham Road
Kew VIC 3101

Email: privacy@adeneyprivate.com.au

Fax: **(03) 7049 5099**

If you have any questions regarding access to patient medical records, please contact our Patient Services team

Ph: (03) 7049 5000 or privacy@adeneyprivate.com.au