



MEDICAL RECORD ACCESS FORM (PATIENT REQUEST)

In accordance with the Health Records Act 2001 it may take a maximum of 45 days to complete individual requests.

SECTION 1 – APPLICANT DETAILS

Name of Applicant:

If not the patient, consent must be obtained where possible and attached.

State relationship to patient i.e. Guardian, Parent, Power of Attorney etc _____

(If Power of Attorney please provide a copy of documentation)

Postal Address:

Postcode:

Telephone Number: (Home) _____
(Mobile) _____

(Work) _____

***Please provide a copy of one of the following forms of identification:
Drivers Licence, Passport or other form of Photo Identification.***

SECTION 2 – PATIENT DETAILS

Which Epworth campus are you requesting medical records from: Richmond Eastern Brighton
 Freemasons Camberwell Cliveden

Name of Patient:

Date Requested:

Date of Birth:

UR Number (If Known):

SECTION 3 – REQUEST DETAILS (Please tick relevant box):

Do you want access to all or part of you medical record? All Part

If partial access is required, describe clearly the documents / admissions you require:

What form of access do you require?

Photocopy of Record View the record View the record with explanation

What is the reason for your request?

If you are requesting a photocopy of the record, to whom should it be sent to?

Applicant General Practitioner Solicitor Other (please specify) _____

If record is being sent to your General Practitioner / Solicitor or Other, please provide their name and address:

SECTION 4 – ACKNOWLEDGEMENT OF COSTS

I acknowledge that there is a cost involved in providing the requested information and that payment is required on/or prior to collection. A statement outlining the charges will be forwarded.

Signature:

Date:

Please return completed form to: Privacy Officer, Health Information Services at either:

Epworth Richmond – 89 Bridge Rd, Richmond, 3121

Epworth Eastern – 1 Arnold St, Box Hill, 3128

Epworth Freemasons – Private Bag 3, 166 Clarendon St, East Melbourne, 3002

Epworth Rehabilitation Brighton – 85 Wilson Street Brighton, 3186

Epworth Rehabilitation Camberwell – 888 Toorak Rd, Camberwell, 3124

Epworth Cliveden – 29 Simpson Street, East Melbourne Vic 3002



Medical Record Access Fees

The table below lists the varying forms of medical record access that is available to the applicant and the fees for each form of access.

The fees are in accordance with the regulations under the Health Records Act 2001.

FORM OF ACCESS	FEE
<ul style="list-style-type: none"> Copy of medical record 	<ul style="list-style-type: none"> 20 cents per page (Black & White, A4 page) \$20.00 assessment and collation \$10.00 retrieval of offsite records \$10.00 postage (please note cost is \$17.50 per 500g for international packages)
<ul style="list-style-type: none"> View the record 	<ul style="list-style-type: none"> \$5.00 per quarter hour (or part of a quarter hour) \$20.00 assessment and collation \$10.00 retrieval of offsite records
<ul style="list-style-type: none"> View the record with explanation 	<ul style="list-style-type: none"> \$20.00 assessment and collation \$10.00 retrieval of offsite records Health Service Provider Consultation fee (\$80.00)
<ul style="list-style-type: none"> Receive an accurate summary 	<ul style="list-style-type: none"> Health Services Provider Consultation fee (\$80.00 per hour) on the time taken to complete the summary, not exceeding \$80.00 \$10.00 retrieval of offsite records.

Please note the following:

- GST is payable on the above fees.
- \$10.00 retrieval if your record is located off-site.
- Pension / Health Care Concession Card Holders are entitled to a waiver of the assessment and collation fee upon providing a copy of the card/s.
- Requests for access to medical records based at individual sites will require separate applications to each hospital. Standard fees will apply to each request made as in the above table.
- Please do not send any payment with this form. An invoice will be posted to you.**