

REQUEST FOR INFORMATION FORM

Patient Surname	
Patient First Name	
Unique Record Number	
Date of Birth	
Gender	

ABOVE IS FOR OFFICE USE ONLY [Write details or affix label here]

FORM TO BE COMPLETED BY THE PATIENT OR PERSON AUTHORISED ON BEHALF OF THE PATIENT

Email your completed form with the required supporting documentation to healthdata@unitas.com.au

Patient details

Mr. Mrs. Dr Miss Master:
[Surname] [Given Name/s]

URN if known: Date of Birth:/...../..... Telephone:

Address:
[Number & Street name] [Suburb] [State] [Postcode]

Email Address:

Applicant details

Patient is the applicant → Skip this section and proceed to *Request for information*

Patient is not the person applying for information → Please provide details below

Mr. Mrs. Dr Miss Master:
[Surname] [Given Name/s]

Date of Birth:/...../..... Telephone:

Address:
[Number & Street name] [Suburb] [State] [Postcode]

Email Address: Relationship to Patient:

Request for medical records relating to a patient 16 – 18yrs of age

In recognition of a young person’s evolving competence and right to privacy, the SPH 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.

Request for medical records relating to a patient over 18yrs of age

The patient must sign the below authorisation, or you must provide evidence that you have the authority to access this information. [e.g. Power of Attorney (Medical), or guardianship documents]

I, of
[Patient Name] [Patient Address]

do hereby authorise Sunshine Private Hospital to release my medical information to the applicant

..... Date:/...../.....
[Patient signature]

Request for information

Record Date: From/...../..... to/...../.....

Complete Medical Record

Partial Record → Please Specify Discharge Summary Inpatient notes Operation Reports

Other

Radiology/Imaging [Xrays, CT Scan etc] → These are not provided as part of the medical record. These can be obtained directly from Capital Radiology PH: 03 8312 7888 Email: sunshineprivate@capitalradiology.com.au

Is there a court order in place or subpoena? No Yes → If Yes, please provide documentation with your application

Identification

Photo identification that shows your signature, e.g. a photocopy of a driver's license or passport MUST be sent with your application when requesting medical records. Please indicate which from of ID you will be providing

Driver License Proof of Age Card Current Passport

Other:

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FOI001

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Fees

There are two costs associated with making a Freedom of Information (FOI) request:

1. The application fee - is a fixed cost which is non-refundable and must be paid at the time of the application.
2. The access fee/s - relate to the costs incurred in granting access to the documents that you have requested. These costs may or may not apply depending on the nature of your request. You will be advised of these costs and asked pay prior to release of your information.

The following table outlines the current fees as of July 1 2023 which are set by the Victorian Department of Treasury & Finance.

- Application fee:** \$31.80
- Access fees:** *Search Fee:* \$23.85 *Photocopy/Print:* 10c per sheet *Postage:* \$6.00 [may vary depending on amount of documents]
- Digital copy on USB:** \$10

Payment methods

Payments can be made via the below options [please tick your chosen method of payment]

- Credit Card Payment
- Please call us on 1300 600 978 to make a payment over the phone
A receipt will be emailed to you so that you can provide it with your application
- Direct Deposit or Bank Transfer
- Sunshine Private Hospital
BSB: 083 - 170
ACCOUNT NUMBER: 97 317 4760
Please put your first and last name as reference.

Receiving your Information

Once your application is approved, please indicate how you would like to receive your requested information;

- Collect the information in person [please bring photo ID]
- Have the information posted to you

Please note we cannot email the information to you.

Declaration

I understand that an Application Fee must be paid with my application for it to be a valid request which is nonrefundable under the Freedom of Information Act 1982 (Vic) (FOI Act).
I also understand that additional access charges may apply for processing the request under the FOI Act, and that I will be provided with an invoice along with the decision on my request.

Applicant's Signature: Date:/...../.....

Finalising and sending your application to us

Check the below list to ensure you application is complete

- I have completed all applicable parts of this form
- I paid the application fee and attached a receipt
- I have attached a copy of my ID
- I have attached any supporting documents required [court orders, guardianship etc.]

Email this form [both pages] with all required documents to healthdata@unitas.com.au or if you are not able to email, please post to Sunshine Private Hospital ATT: Health Information services 145 Furlong Road, St. Albans VIC 3021.

What happens next?

We will process your application and should access be granted, we advise of any further charges should they apply.
Once your access fees have been paid, if applicable, we prepare your requested information and post to the provided address or we will contact you to arrange collection [if that was your chosen method].

- SPH may refuse to process your application in part or in whole if:
- the law states that we must not disclose the information, or
 - the law states that we may restrict individual access, or
 - the correct fee has not been paid.

Where your application is denied in whole, or in part, we will notify you in writing.

OFFICE USE ONLY

Outcome of request Denied Withdrawn File not held by SPH Granted → **Fill in below**

Granted By [Name, Designation] **Date**/...../.....

Specifics for redaction

Documents compiled & sent/advised ready for collection by [Name, Designation]

Date/...../.....

●Once this section is complete please arrange to have scanned into Kyra●

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