

# MEDICAL RECORD ACCESS

## Information for Applicants

Under the *Health Records Act 2001* (VIC), an individual, or their authorised representative may request access to an individual's Epworth HealthCare medical record. All requests must be received in writing by completing and returning the attached request form together with a photocopy of photo identification. Proof of authority is required where a requestor is seeking access to another person's medical record (*see below for further details*).

### TYPES OF ACCESS

Access to a medical record can be requested for:

- A photocopy of the medical record
- A digital copy of the medical record on a CD
- A digital copy of the medical record via secure email
- Viewing the medical record onsite at Epworth with supervision
- Viewing the medical record onsite at Epworth with an explanation by a Health Service Provider
- Attendance letter detailing admission/discharge dates to Epworth HealthCare
- Letter specifying date or time of birth

Note: Digital copies are only available for records stored in the electronic medical record system.

### HOW TO MAKE A REQUEST

Complete the attached *Medical Record Access Request Form* in full. The request must include the patient's full name and date of birth, along with a photocopy of the proof of identification documents specified below.

### PROOF OF IDENTIFICATION REQUIRED

Under the *Health Records Act 2001* (Vic), we may request evidence of the identity of an applicant. If the request is for another person's medical record, we require evidence of the applicant's authority to make the request on behalf of that patient. A completed request must include photocopies of identification, and if required, evidence of authority as listed below.

#### ***Where requesting your own medical record:***

1. A photocopy of your Australian Drivers Licence 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 the applicant's Australian Drivers Licence or Australian Passport, OR two forms of identification (at least one of which is photographic identification), **and**
2. A photocopy of evidence that the applicant is the authorised representative of the patient (e.g. Guardianship Order, Medical Enduring Power of Attorney, Appointment of Medical Treatment Decision Maker/Support Person, child's Birth Certificate).

#### ***Where requesting the medical record of a deceased person:***

1. A photocopy of the applicant's Australian Drivers Licence or Australian Passport, OR two forms of identification (at least one of which is photographic identification), **and**
2. A photocopy of evidence that the applicant is the legal representative of the deceased in the form of the Grant of Probate or Letters of Administration.

## FEES FOR ACCESSING MEDICAL RECORDS



**Epworth**

**You do not need to send payment with your request form.** You will be invoiced when your request is processed. The following fees are in accordance with the regulations under the *Health Records Act 2001* (VIC), attract GST and apply from 01 July 2023 to 30 June 2024:

*NB. There are no costs associated for attendance letters. GST is applicable on the below costs.*

<b>Assessment and collation</b>	\$39.75
<i>This fee may be waived where an applicant provides a certified copy of proof of their concession entitlement in the form of a valid Pension Card or Health Care Card.</i>	
<b>Retrieval of records held off-site</b>	\$19.08 (if applicable)
<b>Where a copy is requested</b>	
Black and white A4 photocopy	\$0.20 per page
Copy on CD ( <i>only if record stored electronically</i> )	\$15.00 per CD plus \$0.12 per page
PDF by secure email ( <i>only if record stored electronically</i> )	\$0.12 per page
Domestic Registered Post	From \$15.95 ( <i>varies based on size/weight</i> )
International Postage	From \$34.90 per 500g ( <i>varies based on size/weight</i> )
<b>Where viewing is requested</b>	
View record with supervision	\$9.17 per 15 minutes or part thereof
View record with explanation of content	\$100.00
Medical Reports (Doctors & Allied Health Professionals)	Varies, dependent on hourly rate of clinician

### HOW LONG WILL IT TAKE?

In accordance with the *Health Records Act 2001* (VIC), Epworth have up to 45 days to respond to your request.

### HOW DO I PAY MY INVOICE?

Your invoice will include payment instructions. Payment methods available are cheque, credit card and bank transfer.

### FURTHER QUESTIONS

If you have any questions regarding access to patient medical records, please contact our Medical Record Access Team on:

☎ (03) 9426 6554

### RETURNING THIS FORM

Completed request forms may be returned to:

**Mail:** Medical Record Access Officer  
Health Information Services  
Epworth HealthCare  
89 Bridge Road  
Richmond VIC 3121

**Email:** [medicalrecordaccess@epworth.org.au](mailto:medicalrecordaccess@epworth.org.au)

**Fax:** (03) 9429 9075

### APPLICANT CHECKLIST OF DOCUMENTS TO PROVIDE

- Fully completed *Medical Record Access Request Form*
- Attached a **photocopy** of the applicant's photo ID
- Attached a **photocopy** of proof of your capacity to make this request on the patient's behalf (*if applicable*)

**PLEASE DO NOT SEND PAYMENT WITH DOCUMENTS. AN INVOICE WILL BE SENT TO YOU FIRST.**



# MEDICAL RECORD ACCESS

## Request Form



Mark boxes with a tick box  with a ✓ where applicable

Indicated that a **photocopy** of supporting documentation is required.

### Section 1: Patient Details

Surname:	
Previous Surname <i>(if any)</i> :	
Given Name(s):	
Date of Birth <i>(dd/mm/yyyy)</i> :	
Epworth URN <i>(if known)</i> :	

### Section 2: Access to Record

Are you applying to access your own medical record?

- No ▶ Go to Section 3
- Yes ▶ Go to Section 4

### Section 3: Applicant Details

Surname:	
Given Name(s):	

What is your relationship to the patient?

You must attach a **photocopy** of the specified proof of your authority to make this request on the patient's behalf.

- 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*

### Section 4: Applicant Proof of Identification

You must attach a **photocopy** of one category of identification below for your application to be processed.

- Current Australian Drivers Licence **OR**
- Current Australian Passport **OR**
- Two forms of identification *(including at least one form of photographic identification)*

**PLEASE TURN OVER TO COMPLETE NEXT PAGE**

# MEDICAL RECORD ACCESS


## Request Form - Continued

Mark boxes with a tick box  with a ✓ where applicable

 Indicated that a **photocopy** of supporting documentation is required.

### Section 5: Applicant Concession Entitlement

Do you hold a current Pension or Health Care Concession Card?

- No ▶ Go to Section 6
- Yes  ▶ Attach a **photocopy** of the card

*Note: this entitles you to a waiver of the assessment and collation fee.*

### Section 6: Applicant Contact Details

Postal address:

Email address:

Home phone number:

Mobile phone number:

### Section 7: Document Access Requested

- Attendance letter or time of birth letter ▶ Go to Section 9
- Complete medical record ▶ Go to Section 8
- Partial access (*describe clearly the dates, admissions and/or document required*):

### Section 8: Type of Access Required

- Photocopy of the medical record
- Digital copy of the medical record on a CD (*if applicable*)
- Digital copy of the medical record via secure email (*if applicable*)
- View the medical record onsite at Epworth with supervision
- View the medical record onsite at Epworth with an explanation by a Health Service Provider

### Section 9: Reason for Request

### Section 10: Declaration and Agreement

By signing below I:

1. declare that I am the person in the identification documentation I have provided and/or I am authorised to make this request for medical record access; and
2. acknowledge and agree I am responsible for paying the medical record access fee for which I will receive an invoice and that payment is required on or prior to collection of the medical record documentation.

Applicant signature:

Applicant full name:

Date (*dd/mm/yyyy*):