



# REQUEST FOR ACCESS TO MEDICAL RECORDS

## Monash Surgical Private Hospital

\* PLEASE SEE ATTACHED NOTICE BEFORE COMPLETING THIS FORM

Details of Applicant (patient)		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Surname	Given names
Postal Address		
City/Town	State	Postcode
Email	Telephone (home)	Mobile
<p>Are you requesting Access to another person's health information? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide evidence that you can legally act for that person and the name and address of that person (Please attach any document that supports your request and indicate which documents should be returned to you)</i></p> <p>Date of birth of the person to whom the records relate:</p>		
Any previous names used?		
<p>What records are you requesting? (Please give as much detail as possible) <i>Please note that your hospital medical record only includes information relating to your hospital admission. All other medical information i.e. IVF, pathology, please contact Monash IVF or your doctor.</i></p> <p><input type="checkbox"/> Anaesthetic Record</p> <p><input type="checkbox"/> Operation Record</p> <p><input type="checkbox"/> Recovery Record</p>		
For what dates or approximate time periods?		
Form of Access		
<p>Do you want to:</p> <p><input type="checkbox"/> receive a copy of the record? OR</p> <p><input type="checkbox"/> a summary of the record? OR</p> <p><input type="checkbox"/> inspect the record and have the opportunity to take notes of its contents? OR</p> <p><input type="checkbox"/> examine the record and have its content explained?</p> <p>PLACE A TICK IN THE APPROPRIATE BOX</p>		

<b>Collection</b>	
<p><b>Do you want to:</b> (please tick)</p> <p><input type="checkbox"/> Collect the record in person OR</p> <p><input type="checkbox"/> Have the record posted to you (large records will not be posted, by collection only) OR</p> <p><input type="checkbox"/> Other (please specify) .....</p> <p>If to be posted, specify whether by</p> <p><input type="checkbox"/> Ordinary Mail    OR</p> <p><input type="checkbox"/> Registered Mail</p> <p><b>PLEASE NOTE:</b></p> <ul style="list-style-type: none"> <li>Monash Surgical Private Hospital will not take any responsibility for loss of records or delayed receipt of records for mail delivered by Australia Post.</li> <li>You <b>MUST</b> include some <b>form of photographic proof of identification</b> with this application. If you fail to do so, the application cannot be processed.</li> <li>If you are requesting for the information to be posted to you, the information will be posted to the postal address specified under "Details of Applicant". Large records cannot be posted and will need to be collected.</li> <li>If you are requesting for the information by email, please ensure the email address provided is accurate to avoid errors/delays.</li> <li>In the event that you wish to collect your record in person, identification will be required prior to release.</li> </ul>	
Applicant's Signature	Date

**OFFICE USE ONLY**

<b>Verification of Identity:</b>			
Verification of Patient or Authorised Person Identity:		Patient <input type="checkbox"/>	Authorised Person <input type="checkbox"/>
ID sighted, copied and certified		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Please tick type)			
<input type="checkbox"/> Drivers Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Enduring Power of Attorney	<input type="checkbox"/> Guardianship Order
<input type="checkbox"/> Other (please specify) .....			
<b>ID Confirmed by:</b>			
Name:	Title:	Signature:	Date: ...../...../.....
<b>Date Received:</b> / /		<b>Assigned Request Number:</b>	

### NOTICE TO APPLICANTS

As an applicant, you have a right to access your health information held by Monash Surgical Private Hospital.

Monash Surgical Private Hospital may refuse to process your application in part or in whole if:

- the law states that we must not disclose the information
  - the law states that we may restrict individual access
- OR

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

Further, by completing this attached form, you are supplying Monash Surgical Private Hospital with personal information about yourself. This information is collected under the authority of the *Health Records Act 2001 (Vic)* or the *Privacy Act 1988 (Cth)*. Monash Surgical Private Hospital needs this information in order to process and respond to your request and it will be used only for that purpose.

The supply of this information by you is voluntary. However, should you not supply the information, or only part of it, it may affect the processing of your application.

You have a right to request access to, and to request correction of, your personal information supplied in relation to this application.

If you have further queries regarding your right to access your health information, please contact our Privacy Officer (details outlined below).

### HOW TO COMPLETE THIS FORM

1. Please ensure that you supply your personal details. Monash Surgical Private Hospital may need to contact you if there are questions about your request.
2. Please indicate whether the request for access relates to your personal information or another person's information.
3. If you are seeking to access the records of another person, you will have to provide proof that you have the authority to act for that person. Eg, you are the person's legally appointed guardian or you have medical power of attorney for the person. Further, be sure that you give the person's full name, any other name that person may have used on the records and the date of birth to assist us in correctly identifying the person.
4. Please be as specific as possible in describing the records and the form of access requested. The more specific your request, the quicker and more accurately it can be addressed. If you require more space, please continue your description on a separate sheet of paper and attach it to this request form.
5. Please attach some form of photo identification to support your application. We cannot process your application without it.
6. All forms must be signed and dated for it to be processed by us.
7. All applications are to be sent to: Privacy Officer  
Monash Surgical Private Hospital  
252-256 Clayton Road, Clayton 3168  
Fax: 03 8545 8080
8. If you have any questions in relation to this form, please contact the Privacy Officer on (03) 8545 8000 or [medicalrecords@msph.com.au](mailto:medicalrecords@msph.com.au)