

Under the *Health Records Act 2001* (Vic) an individual may request access to medical records held by *Surf Coast Home Doctor*. Medical records held by *Surf Coast Home Doctor* may be requested using the attached request form.

### Types of access

Access to a medical record can be requested for:

- A print out of the medical record (whole or partial)
- A digital copy of the medical record (whole or partial) via email
- A digital copy of the medical record (whole or partial) on a CD
- Viewing the medical record onsite with an explanation by a Health Service Provider

### How to make a request

Complete the attached request form in full. The request must include the patient's full name and date of birth, along with copies of the proof of identification documents specified below.

### Proof of identification required

Under the Health Records Act 2001 (Vic) we may require evidence of the identity of an applicant, and if the request is for another person's medical record, evidence of the applicant's authority to make the request. A completed request must include certified copies of the documents listed below.

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

1. A copy 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 copy 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 copy of evidence that the applicant is the authorised representative of the patient (eg Guardianship Order, Medical Enduring Power of Attorney, child's Birth Certificate).

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

1. A certified 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 certified 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.

# Medical Record Access

## Request Form

### Fees for accessing medical records

**You do not need to send payment with your request form.** You will be notified of the fees for accessing medical records by invoice 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 1 November 2017:

#### **Assessment and collation: \$35.60**

*This fee may be waived where an applicant provides a copy of proof of their concession entitlement in the form of a valid Pension Card or Health Care Card or DVA Card.*

#### **Where a copy is requested:**

- Black and white A4 **\$0.20** per page  
*Free for documents less than 10 pages*
- Email **\$0.10** per page  
*Free for documents less than 20 pages*
- CD **\$0.10** per page plus \$1.00 for disc

#### **Registered Post: Actual Postage Cost**

#### **Where viewing is requested:**

- View record with supervision **\$8.50** per quarter hour or part thereof
- View record with an explanation by a Health Service Provider - **\$41.20** per quarter hour up to **\$133.70**, whichever is more.

### How long will it take?

Under the Health Records Act 2001 (Vic) we have a maximum of 45 days to respond to your request. We will do our best to do it as soon as possible.

### How do I pay my invoice?

Your invoice will include payment instructions. Payment methods available are credit card and bank deposit.

**Further questions If you have any questions about accessing medical records, please contact the Practice Manager on:**

PH: 0478 957 890

**Returning this form Completed request form may be returned to the Practice Manager by:**

#### Mail:

Surf Coast Home Doctor  
160 Surf Coast Highway, Torquay, Vic, 3228

#### Email:

[info@surfcoasthomedoctor.com.au](mailto:info@surfcoasthomedoctor.com.au)

#### Fax:

(03) 8692 2884

### APPLICATION CHECKLIST

- o Fully completed request form
- o Attached a copy of the applicant's photo ID
- o Attached a certified copy of proof of your capacity to make this request on the patient's behalf (*if applicable*)

**DO NOT SEND PAYMENT WITH THIS FORM. AN INVOICE WILL BE MAILED TO YOU.**

### 1. Patient details

Surname

Previous surname (if applicable)

Given name(s)

Date of birth

### 2. Are you applying to access your own medical record?

No → Go to next question Yes

→ Go to 4

### 3. Applicant details (if not the patient)

Surname

Given name(s)

What is your relationship to the patient?

You must attach a **copy** of the specified proof of your capacity 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
- Parent
  - Attach child's Birth Certificate
- Other capacity (please specify)

### 4. Applicant photographic identification

You must attach a **certified copy** 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*

### 5. Applicant concession entitlement

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

No → Go to next question

Yes → Attach a **copy** of the card

*Note: this entitles you to a waiver of the assessment and collation fee – but not printing/emailing/disc/postage fees.*

### 6. Applicant contact details

Postal address (for delivery of medical record)

Home phone number

Mobile phone number

Email address

### 7. Document access requested

- Complete medical record → **Go to 8**
- Partial access

*Describe clearly the dates, admissions and/or documents required:*

### 8. Type of access required

*Circle all that apply*

- Hard copy of the medical record
- Digital copy of the medical record on a CD (*if available*)
- View the medical record with supervision
- View the medical record with an explanation by a Health Service Provider

### 9. Reason for request

### 10. Acknowledgement of fee

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 payment of the associated fee.

#### Applicant signature

#### Print full name

#### Date

# Medical Record Access

## Information for Applicants

