

# Request for access to health records

# **Applicant Details**

| Surname:  |  |                      |                     |            |
|---|--|----------------------|---------------------|------------|
| Given Name(s)   |  |                      |                     |            |
| Address:  |  |                      |                     |            |
| Suburb  |  | Postcode             |                     |            |
| Phone no. (home)  |  | Mobile               |                     |            |
| Date of Birth   | 1 1  | EACH UR Numbe        | er (if known)       |            |
| Type of Access Required (under the Health Records Act 2001 Victoria)      |  |                      |                     |            |
| ☐ I wish to obtain photocopies of my health information (at 20¢ per page) |  |                      |                     |            |
| ☐ I wish to view  | n my health information (\$10 per ½ hou  | r viewing time)      |                     |            |
| ☐ I wish to rece  | eive a summary of my health record as  | prepared by a servi  | ce provider (fees a | pply)      |
| Signed Date   |  |                      |                     |            |
|   | (Applicant's Signature)  |                      |                     |            |
| Please note. If the a   | applicant is the holder of a valid pension                                       | n/concession card, f | ees may be waived   | d.         |
|   | · · · · · · · · · · · · · · · · · · ·  | ·                    |                     |            |
| Consent for r   | elease of health informati   | on to authori        | sed renreser        | ntative    |
| Consent for release of health information to authorised representative    |  |                      |                     |            |
|   | o obtain access to a health record othe<br>Where the person is deceased, the per |                      |                     |            |
| •   | ·  |                      | · ·                 |            |
| (Name)  |  | (Address             |                     |            |
| (Suburb)  |  |                      |                     | (Postcode) |
|   |  |                      |                     | , ,        |
| Do hereby authorise EACH to release information from my health record to: |  |                      |                     |            |
| (Name of Authorised i   | epresentative)   |                      |                     |            |
|   |  |                      |                     |            |
| (Address of Authorise   | d representative)  |                      |                     |            |
| (Suburb   |  |                      |                     | (Postcode) |
| SIGNED:   |  |                      | Date                |            |



# Information Sheet - Accessing Health Records at EACH

#### How to access health information

The **Health Records Act 2001 (Victoria)** (the HRA Act) gives individuals a right of access to their personal health information held by any organisation in the private sector in Victoria, in accordance with Health Privacy Principle 6 (HPP6). HPP 6 obliges health service providers and other organisations that hold health information about a person to give them access to their health information on request, subject to certain exceptions and the payment of fees (if any).

#### Making a request for access

An individual is required to make a request in writing. In the request, the individual needs to:

- 1. state their name and address
- 2. identify sufficiently the health information they are seeking access to,
- 3. specify the form they want the access in (i.e. obtaining a copy of their file, inspecting the information, or viewing the information, accompanied by and explanation by a health service provider. An individual can also request an accurate summary if the health records are extensive or complex).

An individual can seek access on behalf of someone else if:

- that other person has a right of access AND
  - (a) has authorised them in writing to seek access on their behalf (e.g. a solicitor, family member or friend )

OR

(b) is their authorised representative (such as parent, guardian or a person holding an enduring power of attorney)

OR

 the individual is the legal representative of the deceased person who would have had a right of access when alive.

The request must be in writing and they must provide evidence of their authority to act on the person's behalf.

# **Correction of personal information**

An individual has the right to apply to have their personal information that is held by the agency amended if they believe that it is inaccurate, incomplete, misleading or not up-to-date. A request to amend information must be in writing with details of why the information is considered incorrect.

The agency must notify the individual in writing of its decision to correct the information within 30 days.

### Reviewing a decision

If an individual is not satisfied with the response to their request for access or correction of health information, they can write to:

Health Services Commissioner Level 30, 570 Bourke Street Melbourne Vic 3000 Ph:8601 5200 or Toll Free 1800 Email: hsc@dhs.vic.gov.au

#### **Timelines for responding to requests**

The individual will be notified in writing that access to their request will be provided within 45 days from the date the request has been received.

## For further information or to submit an application contact:

The Health Records Officer EACH 46 Warrandyte Road Ringwood Vic 3134 Ph. (03) 9871 1800

Email: info@each.com.au