



Information for Applicants

Access to medical records will be granted in accordance with *Commonwealth Privacy Act 1988* (for all states), *Health Records Act 2001* (Victoria only), and *Health Records and Information Privacy Act 2002* (New South Wales only). Medical Records held by all St Vincent's Private Hospitals may be requested using the attached request form. Privacy legislation allows the hospital in certain circumstances to restrict the release of medical records.

1. How to Make a Request

Complete the last two pages of this document. The request must include the patient's full name and date of birth, along with copies of the proof of identification documents specified below.

2. Urgent Information Required

If you require access to your records urgently, we can release specific notes to your General Practitioner (GP) or to your specialists. If you would like the notes to be sent to your GP, please contact the relevant HIS site below for us to arrange that. If you require your notes to be seen by a specific health specialists, we require them to send us a request for information on their letterhead via fax to the relevant HIS site and your signed consent. Otherwise, please follow the below steps.

Note: We cannot release your whole medical record to your GP or health care specialists, rather specific documents will be provided

3. Proof of Identification Required

Under the *Commonwealth Privacy Act 1988*, *Health Records Act 2001*, and *Health Records and Information Privacy Act 2002*, 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 copies of the documents listed below.

3.1 Where Requesting Your Own Medical Record

1. A photocopy of your Australian Drivers License or Australian Passport, OR two forms of identification (at least one of which is photographic identification).

3.2 Where Requesting the Medical Record of another Person

1. A photocopy of the applicant's Australian Driver's License 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, Enduring Power of Attorney (Medical), Appointment of Medical Treatment Decision Maker/Support Person, Birth Certificate).



3.3 Where Requesting the Medical Record of a Deceased Person

1. A photocopy of the applicant's Australian Driver's License 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 such as the executor of the will of the deceased person where probate of the will has been granted; OR holding office as administrator of the estate of the deceased person.

4. Refusal of Request and Complaints

Under each act, we have the right to refuse access to the information. The requester will receive a written reason for refusal of access. If you are not satisfied with the decision, you have the right to apply for a review to the Privacy Commissioner or contact the Health Care Complaints Commission.

Please see below table for contact details to each state.

State	Act	Contact Details
VIC	Commonwealth Privacy Act 1988 and Health Records Act 2001	Health Complaints Commissioner Level 26, 570 Bourke Street MELBOURNE VIC 3000 Phone: 1300 582 113 Website: https://hcc.vic.gov.au/
QLD	Commonwealth Privacy Act 1988	The Office of the Health Ombudsman PO Box 13281 George Street BRISBANE QLD 4003 Phone: 133 OHO (133 646) Fax: (07) 3319 6350 Email: complaints@oho.qld.gov.au Website: www.oho.qld.gov.au
NSW	Commonwealth Privacy Act 1988 and Health Records and Information Privacy Act 2002	Health Care Complaints Commission Locked Mail Bag 18 STRAWBERRY HILLS NSW 2012 Phone: (02) 9219 7444 Fax: (02) 9281 4585 Email: hccc@hccc.nsw.gov.au Website: https://www.hccc.nsw.gov.au/



5. 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 are in accordance with the regulations under the *Commonwealth Privacy Act 1988*, *Health Records Act 2001*, and *Health Records and Information Privacy Act 2002*. Please contact the relevant HIS site for current fees.

Victorian fees (NB: As of July 2023, one fee unit is worth \$15.90)	
Search and Administration Fee	\$39.70 (2.5 fee units) + GST
Time of Birth Requests	\$23.85 (1.5 fee units) + GST
Transport items held off site (if applicable)	\$19.10 (1.2 fee units) + GST
Photocopy A4 page	\$0.20 per page
Postage fee	Actual Postage Costs
Concession	Determined on a case by case basis

NB: If you have any questions or concerns in regards to the fees, please contact the relevant HIS site

6. How Long Will It Take?

Under each act in each state, we have a maximum of certain days to respond to your request. Once payment is received, information is sent within 5-10 days.

Please see information below:

State	Act	Max Days to Respond
VIC	Health Records Act 2001	45 days
QLD	Commonwealth Privacy Act 1988	30 days
NSW	Health Records and Information Privacy Act 2002	45 days

7. How Do I Pay My Invoice?

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



8. How Do I Return This Form?

Complete the last two pages (pages 4-6) of this document and return to the relevant HIS Hospitals. For any questions or concerns, please contact the relevant HIS site.

State	Hospital(s)	Contact Details
VIC	St Vincent's Private Hospital Melbourne and St Vincent's Private Hospital Griffith The Privacy Officer Health Information Services Department	75 Victoria Parade FITZROY VIC 3065 Phone: (03) 9411 7695 Fax: (03) 9231 6852 Email: HIS.General@svha.org.au
NSW	St Vincent's Private Hospital Sydney The Privacy Officer Health Information Services Department	406 Victoria Street DARLINGHURST NSW 2010 Phone: (02) 8382 7468 Fax: (02) 8382 7275 Email: SVPHS.MedicalRecords@svha.org.au
	Mater Hospital, North Sydney The Privacy Officer Health Information Services Department	PO Box 958 NORTH SYDNEY NSW 2059 Phone: (02) 9900 7539 Fax: (02) 9957 7756 Email: Mater.MedicalRecords@svha.org.au
QLD	St Vincent's Private Hospital Northside and St Vincent's Private Hospital Brisbane The Privacy Officer Health Information Services Department	627 Rode Road CHERMESIDE QLD 4032 Phone: (07) 3326 3656 Fax: (07) 3326 3535 Email: SVPHN.Privacy@svha.org.au
	St Vincent's Private Hospital Toowoomba The Privacy Officer Health Information Services Department	22 - 36 Scott Street TOOWOOMBA QLD 4350 Phone: (07) 4690 4000 Fax: (07) 4690 4289 Email: TOHIS@svha.org.au



1. Patient Details			
Previous Surname (if any):			
Surname:			
Given Name(s):			
Date of Birth:		UR Number (if known):	
2. Applicant Details (if not the patient)			
Surname:			
Given Name(s):			
What is your relationship to the patient?			
NB: Please specify and attach proof			
3. Applicant Photographic Identification			
NB: You must attach a copy of one category of identification below			
<input type="checkbox"/> Current Australian Driver's License	<input type="checkbox"/> Current Australian Passport	<input type="checkbox"/> Two forms of identification (one being photo ID)	
<input type="checkbox"/> Other, please specify:			
4. Applicant Concession Entitlement (NB: This may entitle you to a waiver of some of the fees)			
<input type="checkbox"/> No → Go to next question		<input type="checkbox"/> Yes → attach a certified copy of the card	
5. Applicant Contact Details			
Address:			
	Suburb:		
	State:		Postcode:
Home Phone No.:		Mobile Phone No.:	
Email Address:			
6. Document Access Requested			
<input type="checkbox"/> Complete medical record → Go to the next question			
<input type="checkbox"/> Partial Access (choose from below and specify the dates, admissions and/or other documents required)			
<input type="checkbox"/> Discharge Summary	Specify dates:		
<input type="checkbox"/> Operation Report	Specify dates:		
<input type="checkbox"/> Pathology Results	Specify dates:		
<input type="checkbox"/> Radiology Results	Specify dates:		
<input type="checkbox"/> Other – please specify:			
<input type="checkbox"/> Time of Birth Requests – Please specify your mothers' full name and DOB at the time of birth			
Mother's Previous Surname (if any):			
Mother's Surname:			
Mother's Given Name(s):			
Mother's Date of Birth:			



7. Please specify the reason for your request (optional)

8. Type of Access Requested

Photocopy of the medical record via:

- | | | |
|---|--|---|
| <input type="checkbox"/> Collection via St Vincent Hospital (please see location sites below) | <input type="checkbox"/> Registered Post | <input type="checkbox"/> Electronically via email (not available for large records) |
|---|--|---|

Other access of the medical record (NB: Please contact your HIS site below for more information):

- | | | |
|--|--|---|
| <input type="checkbox"/> Amend personal information contained in the records | <input type="checkbox"/> Personally view records | <input type="checkbox"/> Explanation of the records |
|--|--|---|

9. 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 fee.

Applicant Signature:

Full Name (please print):

Date:

END OF FORM – PLEASE RETURN TO SPECIFIC HIS HOSPITAL LISTED BELOW

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