REQUEST TO ACCESS A PATIENT RECORD

Under the Health Records Act 2001 (VIC), an individual, or their authorised representative may request access to a patient 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
- Viewing the medical record onsite at Western Private Hospital with supervision
- Viewing the medical record onsite at Western Private Hospital with an explanation by a Health Service Provider
- Attendance letter detailing admission/discharge dates to Western Private Hospital

PROOF OF IDENTIFICATION REQIURED

A completed request must include photocopies of identification, and if required evidence of authority as listed below.

When requesting your own medical record:

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

When requesting the medical record of another person:

- A photocopy of your Australian Drivers Licence or Australian Passport. OR two forms of identification (at least one of which is photographic identification) AND
- A photocopy of evidence that the applicant is the authorized representative of the patient (e.g. Guardianship order, medical Enduring Pow r of Attorney, Appointment of medical Treatment Decision maker/Support person, child's Birth Certificate)

When requesting the medical record of a deceased person:

- A photocopy of your Australian Drivers Licence or Australian Passport. OR two forms of identification (at least one of which is photographic identification) AND
- 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 REQUEST TO ACCESS A PATIENT RECORD

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) and GST is applicable to these fees. These fees apply from 1 July 2026 to 30 June 2027.

Assessment and collation	$43.20
Retrieval of records held off-site (if applicable)	$20.70
Black & white A4 photocopy	$0.20 per page
Images on CD Images on USB	$10.00 per CD $17.00 per USB
Domestic Registered Post	From $30.00 (depends in size & weight)
View medical record	P.O.A

HOW LONG WILL IT TAKE?

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

HOW DO I PAY MY INVOICE?

Your invoice will include details on how to pay your invoice.

RETURN THIS FORM

Please return this completed form with your photographic evidence to:

Health Information Services
PO Box 4258
West Footscray VIC 3012 OR medrecords@westernprivate.com.au

QUERIES

Should you have any further queries about requesting access to a patient record, please contact Health Information Services on:

Telephone: (03) 9319 3197 - Monday – Friday - 8am – 4pm.

REQUEST TO ACCESS A PATIENT RECORD

Section A: Patient Details	
Surname:	
Previous Surname (*if any)*	
Given Name(*s*):	
Date of Birth (*dd/mm/yyyy*)	

Section B: Access to Record

Are you applying to access your own medical record?

☐ No

☐ Yes →Skip to Section D

Section C: 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

☐ Parent
Attach child's Birth Certificate

☐ Other Authority (please specify)
Attach proof

Section D: Applicant Proof of Identification

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

☐ Current Australian Drivers License **OR**

☐ Current Australian Passport **OR**

☐ Two forms of identification (*including at least one form of photographic identification*)

Section E: Applicant Contact Details	
Postal Address:	
Email Address:	
Home Phone Number:	
Mobile Phone Number:	

Section F: Document Access Requested

☐ Complete medical record

☐ Partial Access. Clearly describe the date(s), admission (s) and or documents required below

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Section G: Type of Access Required
☐ Photocopy of medical record ☐ View the medical record onsite at Western Private with supervision ☐ View the medical record onsite at Western Private with an explanation by a Health Service provider

Section H: Reason for Request

Section I: Receiving Documentation
How do you wish to receive this documentation? ☐ Registered mail ☐ Collection at hospital

Section J: 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 and invoice that is payable prior to receiving the medical record documentation	
Applicant signature:	
Applicant full name:	
Date *(dd/mm/yyyy):*	