

## Request for Access to Information

Dear Applicant,

Thank you for your enquiry regarding accessing information through the Health Records Act (2001). Please complete the enclosed application form and post it together with a photocopy of personal identification such as a Driver's Licence or Passport:

The Privacy Officer  
Medical Records Department  
Albury Wodonga Private Hospital  
1125 Pemberton Street  
ALBURY NSW 2640  
Ph: 02 6041 1411  
Fax: 02 6041 4270

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Alternatively, you can scan and email the completed form to:  
[releaseofinformation.alb@ramsayhealth.com.au](mailto:releaseofinformation.alb@ramsayhealth.com.au)

There are costs involved in providing information in accordance with the Health Records Regulation 2023. These charges:

- Standard application fee \$40.80
- Registered post \$12.00
- Photocopying 20c per page
- Scanning 0.10c per page
- Retrieval from secondary storage \$20.00 (if applicable)
  - o (An invoice will follow once initial request is made)

When your application form has been received, a search will be made for the information you seek. Under the Health Records Act (2001) and Privacy Act (2014) an organisation has 45 days to provide the information that is being requested.

If you have any queries, please do not hesitate to call me on the number listed below.

Yours sincerely,

Health Information Services Manager | Privacy Officer

## REQUEST FOR ACCESS TO INFORMATION

1. Name of Patient: \_\_\_\_\_

2. Patient's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Name of Applicant: \_\_\_\_\_

4. What is your relationship to the patient of the requested information?

- ☐ I was the patient, and I am the applicant
- ☐ Parent
- ☐ Spouse or De Facto
- ☐ Guardian
- ☐ Child or Sibling (>18 years of age)
- ☐ Relative (>18 years of age & member of subject's household)
- ☐ Exercising enduring power of attorney
- ☐ Nominated by the subject to be contacted in an emergency

5. Applicant's contact details:

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (M) \_\_\_\_\_ Email: \_\_\_\_\_

6. Please Tick or outline the specific nature of information requested:

- ☐ The entire medical record including all admissions, correspondence, investigation results, and all other clinical notes.
- ☐ Certain sections of your medical record (please detail sections in "Other" below)
- ☐ Progress Note/s
- ☐ Correspondence and Investigations results
- ☐ Operation reports
- ☐ Implanted devices/prosthesis
- ☐ Other, (please specify) : \_\_\_\_\_

7. Date Range of Information Required: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ or

- ☐ All Admissions (full medical record) (tick box) Page 3 of 4

8. Reason for application to access documents: \_\_\_\_\_

\_\_\_\_\_

9. Do you wish to receive a copy of the information or do you wish to review the information at Albury Wodonga Private Hospital? :

- ☐ Please provide me with an exact copy of specific requested information stated in Q.7
- ☐ I wish to view the original medical records supervised on site at the hospital

10. If a copy of the requested information is requested, please nominate a recipient:

- ☐ Mail
- ☐ Collection by the applicant
- ☐ Collection by the recipient nominated in Q5 above
- ☐ Secure Email - If yes, please provide an email address in Q5

Please note that it is the hospital practice to send the copy of the requested information by registered mail.

- ☐ Please note that if the copy of the requested information is to be collected in person, we will require photographic identification (licence/passport) to validate the recipient.
- ☐ If you choose to have your requested information securely emailed, the Registered Postage of \$12 will be waived.

I acknowledge that there may be an administrative charge involved in processing my request and providing access to the requested information. I will be provided with an estimate of the administrative charge which is to be paid in full prior to gaining access to the requested information.

I also acknowledge that my request may be denied in accordance with the Health Records Act (2001) and Privacy Act (2014) in the instance any information withheld in the medical record is deemed detrimental to the applicant's or patient's physical and mental health.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_