

Freedom of Information

What is Freedom of Information?

The *Freedom of Information Act 1982 (Vic)* (FOI Act) enables individuals to request access to medical records held by The Royal Women's Hospital (RWH).

The Act also allows you to request for your records to be amended if you believe that information is incorrect. RWH is obligated to grant you access to your requested records, except where they fall under specific 'exemption' categories outlined in the FOI Act. Should access to any document be withheld or denied, RWH will provide reasons and inform you of your rights to seek a review with the Office of the Victorian Information Commissioner (OVIC).

What Information is in my Medical Record?

Medical records held by RWH may be in the form of microfilm, microfiche, paper and electronic formats. Your medical record contains information gathered during your visits to the hospital which will include hospital admissions, emergency presentations and visits to specialist clinics. Also included are details of current and previous illnesses, laboratory and radiology test results and medications administered or prescribed. This information is crucial for supporting your continuous care and treatment.

Please note: RWH's records are stored as part of the Parkville Precinct Electronic Medical Record which includes information from The Royal Melbourne Hospital, Peter MacCallum Cancer Centre and the Royal Children's Hospital. Information from these other health services will not be included in your release. To access this information, please contact the Precinct partners directly. The Women's is committed to protecting the privacy of your personal health and other information. To view the Women's privacy collection statement please visit www.thewomens.org.au/patients-visitors/your-privacy

Can I request access to someone else's medical record e.g. my child, my partner, my relative?

Yes, however we will need signed consent from the patient authorising you to access their medical records. Along with their signed consent, we will need a copy of their photo identification and additional supporting documentation e.g. proof of relationship (Birth Certificate etc.).

If they are unable to provide signed consent due to illness, please provide documentation to support this e.g. power of attorney, guardianship/administrator order etc.

If the patient is deceased, the senior next of kin must provide signed consent, a copy of their photo ID and supporting documentation (Death Certificate of the patient, a copy of the will if you are the executor of the estate etc.). Our team may be in contact with you if we require further supporting documentation

How do I apply for information under the Act?

Under Section 17 of the Act, a request to access information is deemed as valid if:

1. Submit a request in writing

- Your request is in writing by either completing an RWH FOI application or submitting a request in writing. If your request is in writing, please clearly describe which documents you wish to access.
All requests must include proof of identity (photo identification) e.g. drivers' licence, passport etc. If you have had a change of name/surname, documentation to support this e.g. extract, marriage certificate etc.
* Our team may be in contact with you if we require further supporting documentation
- Pay the application fee OR provide a valid healthcare/concession card for the initial application fee to be waived.

If the FOI team determine that your request is not valid, you will receive notification from us within 21 days from the date we received your application and we will provide you with assistance to help make your request valid.

2. After your request is submitted

Once our team determines that your application is a valid request, we have 30 days from that date to provide you with our decision. We may need to extend the time in which a decision is due if we require you to pay a deposit or if we need to consult with third parties as part of your request. If the time is extended, we will inform you of this and provide you with a new due date.

3. Access Charges

In accordance with *Freedom of Information (Access Charges) Regulations 2004* there will be charges to access your requested information. In addition to the application fee that was either paid or waived, you will be advised by our team of final costs once your request has been processed. The final invoice must be paid by the due date before the information will be released to you. Current access charges are outlined on page 3 of the FOI application form or via our website.

We also may request for a deposit from you if your access charges are above \$70.00. If we do require a deposit, the due date will be 30 days from receipt of the deposit. Our team will contact you to discuss practicable alternatives to reduce access costs.

4. Withdrawing my application

You may withdraw your FOI application at any time. If you wish to do this, please notify us in writing. Please note that application fees paid are non-refundable.

What are my review rights if I am not happy with your decision regarding my FOI Application?

If you are not happy with a decision that we have made in regards to your request, you may seek review within 28 days from the Office of the Victorian Information Commissioner (OVIC). For more information, please visit their website:

<https://ovic.vic.gov.au/freedom-of-information/for-the-public/foi-reviews/>

How do I access information relating to historical separation and adoption?

While the Women's hold patient records (including birth records), it does not hold adoption records. Adoption records were transferred to what was then known as Community Services Victoria, when the Royal Women's Hospital ceased to be an adoption agency in 1987. To access information relating to adoptions, please visit <https://www.vic.gov.au/apply-adoption-information>

For births at the Royal Women's hospital up to 1959, medical records have minimal information, such as date and time of birth, the weight and length of a baby.

For Births from 1960 onwards, medical records will include obstetric information which provides additional information to birth date, time, weight and length.

If you wish to apply for obstetric/birth information relating to a historical separation and adoption, please complete the 'Application for Medical Records Relating to an Adoption Form' via our website <https://www.thewomens.org.au/patients-visitors/patient-record-requests>

There is no cost for accessing medical records related to historical cases where mother and babies were forcibly separated. If you accessed your records prior to July 2021 and have been charged a fee, you can apply for a refund. Please contact the FOI team who will be able to assist you in accessing a refund.

The Women's is committed to listening to and acknowledging the devastating experiences of those who have been affected by forced separation and adoption practices. Please contact the FOI team if we can be of any assistance.

I have questions about Freedom of Information or need assistance with the process

Our FOI team will be more than happy to assist you and answer any further questions that you might have, our contact details are:

Address: Freedom of Information Department
The Royal Women's Hospital
Locked Bag 300
Parkville VIC 3052

Phone: (+61 3) 8345 2610
Email: foi@thewomens.org.au

Website: www.thewomens.org.au/patients-visitors/patient-record-requests

The Women's Freedom of Information Application Form



01/07/2026 – 30/06/2027

SECTION 1 - APPLICANT DETAILS

Surname: Given Names:

Organisation (if applicable) RWH MRN (if known)

Date of Birth:/...../..... Phone number:

Address:

Suburb: State: Postcode:

Email:

Are you the applicant AND patient applying for access to your records?

Yes – **Please go to Section 3** No – What is your relationship to the Patient?

**Please go to Section 2 and provide supporting documents
(see page 3 for details)**

SECTION 2 - PATIENT DETAILS

Surname: Given Names:

Other Names known as (Including Maiden name) at the time of hospital presentation (if different from above):
.....

Patient Date of Birth:/...../..... RWH MRN (if known):.....

SECTION 3 – WHAT DOCUMENTS WOULD YOU LIKE TO ACCESS?

Please select either **Section 3.1** **OR** **Section 3.2**.

If you wish to discuss individual requirements, please contact the FOI team on (03) 8345 2610

SECTION 3.1 – ALL RECORDS

Patient/My Complete Medical Record My Child/s Complete Medical Record MRN if known

My Birth Record – I was born at RWH (year of birth from 1960 onwards).

* If you were born before 1960, Please fill out a *Time of Birth* application

SECTION 3.2 - ONLY CERTAIN DOCUMENTS (please tick below)

Emergency Department Notes Outpatient progress notes Correspondence/Letters

Pathology/Radiology Results Medication Records Operation Photographs

All Hospital Admissions (including Discharge summaries, Inpatient Progress notes and Operation Reports)

Specific Admissions (please specify date/s)

Other (please specify)

SECTION 4 - FORM OF ACCESS (please tick):

I would like a copy of the document(s) securely emailed (Access fees apply)

I would like a copy of the document(s) on paper (Access and Postage fees apply)

I would like a copy of the document(s) on USB (Access and Postage fees apply)

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SECTION 5 – DETAILS OF REQUEST

In order for us to make an informed decision regarding your request, please tell us why are you wanting to access the requested documents (please specify):

.....
.....

SECTION 6 – PATIENT AND APPLICANT AUTHORITY:

I, the applicant, acknowledge that:

- My application will be processed in accordance with the *Freedom of Information Act 1982 (Vic)* and that I have provided valid authority. The information and documents that I provide will be used to only process my request and will be handled in accordance with the Victorian Privacy Laws.
- All health records undergo an appropriate review prior to release and approval. I understand that in some instances documents may require redactions or be denied access in accordance with the *Freedom of Information Act 1982 (Vic)*
- RWH has 30 days to send a notice of decision from the date a valid request is received (extensions may apply)
- I may be required to pay a deposit to access information if the final fee is greater than \$70.00
- Charges may apply under the *Freedom of Information (Access Charges) Regulations 2004* and that I will be supplied with an invoice with fees and charges incurred for my request. I understand that my requested information will not be sent to me until all outstanding fees and charges have been paid by the invoice due date.
- I understand that if I am unhappy with the final decision made by The Women's specifically relating to 'exemption' categories as per *Freedom of Information Act 1982 (Vic)*, I can seek review by OVIC within 28 days (details provided on my Notice of Decision Letter)

Applicant signature Date:/...../.....

SECTION 6.1 – REQUEST FOR INFORMATION RELATING TO ANOTHER INDIVIDUAL

I, the applicant, acknowledge that:

- The individual must sign the below authorisation granting the applicant access their medical information. If the applicant is unable to obtain signed consent from the individual, information may be redacted in accordance with the *Freedom of Information Act 1982 (Vic)*.
- To assist us in assessing your application and making an informed decision regarding the release of the patient's record, please explain the purpose of your application in the 'additional information' field below and why you believe it is reasonable to release the records to you
- In relation to a deceased patient, access by the most senior available next of kin is not guaranteed. To assist us in assessing your application and making an informed decision regarding the release of a deceased patient's record, please explain the purpose of your application in the 'additional information' field below, and why you believe it is reasonable to release the records to you

I, the Patient/Next of Kin, acknowledge that:

- I understand that I am authorising the applicant to access my personal medical record relating to my treatment at The Women's under the *Freedom of Information Act 1982 (VIC)*

I, Of
(Patient/Next of Kin) (Address)

authorise The Women's to release information about MYSELF PATIENT NAME

to the applicant
(Applicants Name)

Of
(Applicants organisation/Address)

Patient/Next of Kin Signature Date:/...../.....

Additional Information:
.....

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