

# The Women's Imaging Request form



01/07/2026 – 30/06/2027

## SECTION 1 - APPOINTMENT DETAILS

**If date of appointment is less than 6 months from date of application, please contact Pauline Gandel directly for imaging Email: [pgwic@thewomens.org.au](mailto:pgwic@thewomens.org.au) Ph: (03) 8345 2250 Fax: (03) 8345 2259**

Date/s of Imaging appointment .....

## SECTION 2 – APPLICANT/PATIENT DETAILS

Surname: ..... Given Names: .....

Address: .....

Suburb: ..... State: ..... Postcode: .....

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

Hospital MRN number (if known): .....

Email: .....

## SECTION 3 – WHAT IMAGING WOULD YOU LIKE TO ACCESS?

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

- Digital copy of all of my Imaging
- Digital copy of specific Imaging (please specify and include dates, if known)

### **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 my Imaging/Ultrasound on USB (Access and Postage fees apply)

Our records are stored as part of the Parkville Precinct Electronic 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. For more information, please refer to the [Women's Privacy Collection Statement](#) on our website.

## SECTION 4 – AUTHORITY TO ACCESS INFORMATION

**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 and Photo ID. The information and documents that I provide will be used to only process my request and will be handled in accordance with Victorian Privacy Laws
- RWH has 30 days to send a notice of decision from the date a valid request is received (extensions may apply)
- Charges will apply to access a digital copy of my images. I understand that my requested information will not be sent to me until all outstanding fees and charges have been paid

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

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