

## PRIVATE HOSPITALS REQUEST FOR INFORMATION FORM

| 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="radio"/> Current Australian Driver's Licence <input type="radio"/> Current Australian Passport <input type="radio"/> Two forms of identification (one being photo ID) |         |                       |           |
| <input type="radio"/> Other, please specify:   |         |                       |           |
| 4. Applicant Concession Entitlement (NB: This may entitle you to a waiver of some of the fees)   |         |                       |           |
| <input type="radio"/> No → Go to next question <input type="radio"/> 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. Type of Access Requested

#### Photocopy of the medical record via:

- Collection via St Vincent Hospital (please see location sites below)
  Registered Post
  Electronically via email (not available for large records)

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

- Amend personal information contained in the records
  Personally view records
  Explanation of the records

### 8. 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 Health Information Services SITE LISTED BELOW**

| State | Hospital(s)  | Contact Details   |
|-------|--|---|
| NSW   | St Vincent's Private Hospital Griffith   | Refer St Vincent's Private Hospital Melbourne below   |
|       | St Vincent's Private Hospital Sydney<br>The Privacy Officer<br>Health Information Services Department  | 406 Victoria Street<br>Darlinghurst NSW 2010<br>Phone: (02) 8382 7468<br>Fax: (02) 8382 7275<br>Email: <a href="mailto:SVPHS.medicalrecords@svha.org.au">SVPHS.medicalrecords@svha.org.au</a> |
|       | Mater Hospital, North Sydney<br>The Privacy Officer<br>Health Information Services Department  | PO Box 958<br>North Sydney NSW 2059<br>Phone: (02) 9900 7539<br>Fax: (02) 9957 7756<br>Email: <a href="mailto:Mater.MedicalRecords@svha.org.au">Mater.MedicalRecords@svha.org.au</a>          |
| QLD   | St Vincent's Private Hospital Northside and<br>St Vincent's Private Hospital Brisbane<br>The Privacy Officer<br>Health Information Services Department | 627 Rode Road<br>Chermside QLD 4032<br>Phone: (07) 3326 3656<br>Fax: (07) 3326 3535<br>Email: <a href="mailto:SVPHN.Privacy@svha.org.au">SVPHN.Privacy@svha.org.au</a>                        |
|       | St Vincent's Private Hospital Toowoomba<br>The Privacy Officer<br>Health Information Services Department   | 22 - 36 Scott Street<br>Toowoomba QLD 4350<br>Phone: (07) 4690 4000<br>Fax: (07) 4690 4289<br>Email: <a href="mailto:TOHIS@svha.org.au">TOHIS@svha.org.au</a>                                 |
| VIC   | St Vincent's Private Hospital Melbourne (SVPHM)<br>The Privacy Officer<br>Health Information Services Department                                       | 75 Victoria Parade<br>Fitzroy VIC 3065<br>Phone: (03) 9411 7695<br>Fax: (03) 9231 6852<br>Email: <a href="mailto:HIS.General@svha.org.au">HIS.General@svha.org.au</a>                         |