

Information for applicants

As an applicant, you have the right to access health information Cabrini holds about you.

Cabrini may refuse to process your application in part or in whole if:

- the law states that we must not disclose the information, or
- the law states that we may restrict individual access, or
- the correct fee has not been paid.

Where your application is denied in whole, or in part, we will notify you in writing.

Please note, by completing this attached form, you are supplying Cabrini with personal information about yourself. This information is collected under the authority of the Health Records Act 2001 (Vic) or the Privacy Act 1988 (Cth). Cabrini needs this information in order to process and respond to your request. It will be used only for that purpose.

The supply of this information by you is voluntary. If you do not supply this information or only part of it, it may affect the processing of your application.

You have the right to request access to or correction of, your personal information supplied in relation to this application.

If you are seeking information on another person's health information, you will need to provide proof that you have the authority to act for that person, e.g. you are the person's legally appointed guardian or you have medical power of attorney for that person. We also require proof that the patient lacks the capacity to request their own record.

The health information of a deceased individual can only be accessed by the legal representative of the deceased patient.

Such a person is:

- The Executor of the deceased's Will who has obtained a Grant of Probate;
- A person who has been appointed by a Court as the legal representative of the deceased.

Please supply a copy of documentation demonstrating that you are the legal representative of the deceased person. If you are unable to demonstrate that you are the patient's legal representative, Cabrini may be unable to assist with your application.

If you have any questions in relation to this form or need assistance to complete it, please contact the Privacy Officer, Health Information Services on (03) 9508 1776.

All applications are to be sent to:

Privacy Officer
Health Information Services
Cabrini
183 Wattletree Road
Malvern VIC 3144
privacy@cabrini.com.au

Details of applicant (Please print)

Title: _____ Surname: _____

Given names: _____

Also known as: _____ DOB: DD/MM/YYYY

Postal address: _____

City / town: _____ State: _____ Postcode: _____

Email: _____

Telephone (Business hours): _____ Mobile: _____

Details of request

Please provide dates or approximate time periods for which you are seeking information:

DD/MM/YYYY to DD/MM/YYYY

Tick specific information you are requesting:

- Complete Medical Record
- Discharge summaries only
- Operation reports only
- Pathology results only
- Radiology (Medical Imaging / X-Ray) results only
- Other (Please specify): _____
- _____

Are you seeking access to another person's health information?

No Yes If 'yes', please complete details of patient

Surname: _____ Given names: _____

DOB: DD/MM/YYYY

Address: _____

If 'Yes', please provide evidence that you can legally act for that person.

(Please attach any photocopies of documents that support your request)

- Power of Attorney*
- Custody documents
- As Executor in the Grant of Probate or as the Administrator in the Letters of Administration
- Other (Please specify): _____

** Please note that Enduring Power of Attorney (Medical Treatment) documentation does not entitle access to medical records if the patient is deceased. If you are seeking access to records held for a deceased person, please see the section 'Information for Applicants' for information on appropriate documentation.*

Form of access - Please note we cannot send information by email

Would you like to:

- Receive a copy of the information
- Receive a summary of the information
- Inspect the information and have the opportunity to take notes of its contents
- Examine the information and have its content explained

Method of collection - Please note we cannot send information by email

Do you want to:

- Collect the information in person from Cabrini (please bring photo ID)
- Have the information posted to you

Fees and charges

There are no fees and charges for the lodgement of this application. You may be required to pay processing and photocopying charges in respect to this request. Additional consultation fees may apply where an explanation of the personal health information is requested. A statement of fees and charges will be sent to you.

Applicant's signature: _____ Date: DD/MM/YYYY