



ACCESSING YOUR MEDICAL RECORD

Patients have right of access to their health information in accordance with the Privacy Act 1988.

Bendigo Day Surgery will ensure that all requests for access are dealt with as fairly and efficiently as possible, and the following procedure has been developed.

1. All requests for access will be required to be made in writing, and addressed to the attention of Ms Sally McInerney, Director of Nursing.
2. Requests for access will be acknowledged, in writing, ordinarily within 7 days of the receipt of the request.
3. Applicants will be required to complete the standard consent form and be bound by the terms of the document.
4. The total time between the receipt of a request for access and the time when access is granted shall not, ordinarily, exceed 60 days. Where it is not possible for access to be granted within 60 days, you will be notified, in writing, of this and advised when access will be granted.
5. Where access is refused to your medical file you will be advised in writing of the reasons for refusal. Your doctor will contact you to discuss whether there are any means by which access may be facilitated.
6. You will not be permitted to remove any of the contents of your medical file from the Bendigo Day Surgery, nor will you be permitted to alter or erase information contained in the medical record.
7. Where practicable, your doctor will be present when access is granted to your file so that he or she may go through the contents of your file, and address any concerns that you may have in relation to the information contained within the file. A fee may be charged in relation to this attendance. We advise that a rebate will not be recoverable from Medicare for this service.
8. Should you request copies of any, or all, of the contents of your medical file, the fee will be \$1.00 per page.
9. Generally patients will be required to collect their record in person. However, in some limited circumstances, patients may request that records be provided to another person. This provision will generally only apply where the patient is unable, due to illness or incapacity, to attend the Bendigo Day Surgery in person.
10. If you are collecting a copy of a medical record on behalf of another person, you will be required to provide appropriate written authorisation and identification. This should be photographic identification.

Should you have any questions in relation to the above Ms Sally McInerney, the Director Of Nursing at Bendigo Day Surgery will be happy to address these for you.



REQUEST TO ACCESS MEDICAL RECORDS

I, _____

Address _____

Date of birth ____/____/____

request to access the entire contents of my medical record.

I understand that I will not be permitted to remove the contents of my medical record from the premises of the Bendigo Day Surgery, nor will I be permitted to alter or erase information contained in the medical record.

I understand that I will be permitted to obtain copies of some or all of the contents of my medical record. Where copies are requested, a fee of \$1.00 per page will apply. Further, I understand that copies may not be available at the time of request but will be made available to me as soon as practicable.

Signature of Patient _____

Date ____/____/____

Signature of Person authorised by patient _____

Date ____/____/____