

PERSON MAKING REQUEST

Full name of Person Requesting Records (please print): _____

Address: _____

Phone: _____ Email: _____

VAC values and respects the privacy of our clients and will only disclose records and related information to the client themselves, a person the client has given signed consent to act on their behalf or a person who has the legal authority to do so. Without adequate proof of identity and authority, VAC reserves the right to decline any request. If you have any concerns about a decision made in relation to a Request to Access Client Care Records, then please discuss with the relevant VAC program manager the process for providing feedback or having the decision reviewed.

RECORDS REQUESTED

Name of VAC Service/Program: _____

Full name of Client: _____

Date of birth: _____

CONTACT DETAILS (if different from above):

Address: _____

Phone: _____ Email: _____

Do you have the client's authority to access their client care records?

Yes (please attach) No

If the Request to Access Client Care Records is for the records belonging to a client who is not the person making the request, the request should be accompanied by evidence that the person making the request has the authority to access the client care records. For example, a letter giving authority signed by the client, or proof that the Applicant has legal authority.



VAC Request to Access Client Care Records

VAC retains client records in accordance with the provisions of the Health Records Act 2001 and other applicable legislation. Some records or parts of a record may not be available due to legal restrictions or other prohibitive constraints. Should a request for records be unable to be met in whole or in part, then VAC will provide a written explanation as to the reasons for the non-disclosure. A fee may be charged for requests. Fees are calculated on an individual basis according to the Victorian Government FoI Access Charges. If you are unable to pay, the fee may be waived upon proof of financial hardship being provided.

CLIENT RECORDS REQUESTED:

(Please detail all of the required records. This may also include the date range of the records required.)

Do you require?

All of the record Part of the record

If part of the record is required, please specify the part(s) of the record you require:

SIGNATURE

In signing this request, I affirm that all details I have provided above are correct.

Signature: _____ **Date:** _____