Application for Radiology Records - Healthcare Provider (RPRAD03)

Use this form if:

i) You are a registered Healthcare practitioner.
ii) You are requesting a copy of your patient's images/reports

Patient Details

WA Health UMRN (if known): _____

Last Name: _____ First Name: _____ DOB: _____

Address: _____

Information Required

Please specify the exam type / body part and date(s) of the imaging records required.

☐ Images only ☐ Reports only ☐ Images and Reports

Healthcare Provider Details

Name: _____ Medicare Provider Number: _____

Practice: _____

Preferred Delivery Method

☐ Healthlink (preferred) → EDI: _____

☐ Fax → Fax Number: _____

☐ Secure File Transfer → Email: _____

☐ PACS to PACS transfer (images only) → Destination PACS: _____

Contact Details

Phone: _____

Email: _____

Declaration

I have obtained consent from the patient to request copies of their Radiology images and/or reports. Where explicit consent has not been obtained, I acknowledge that I am requesting this information for medical reasons only and for the sole benefit of the patient.

Healthcare Provider Signature: _____ Date: _____

How do I submit this form?

Completed forms may be hand-delivered to the Royal Perth Hospital Radiology Department or posted to:

GPO Box X2213

Perth WA 6847

Forms will not be accepted by email.

If you prefer, you can fill out the online version of this form available on the Royal Perth Hospital website (rph.health.wa.gov.au).

How do I obtain non-Radiology information?

If you require access to information other than Radiology images/reports, please submit a request to the Royal Perth Hospital Freedom of Information office.

Telephone: (08) 9224 7023 (business hours)

Email: RPH.FOI@health.wa.gov.au

Who do I contact to follow up on my application?

If you would like to discuss the status of your application, please contact the Royal Perth Hospital Radiology department.

Telephone: (08) 9224 2125 (business hours)

Email: RPH.Radiology.Support@health.wa.gov.au