Application for Radiology Records - Third Party (RPRAD04)

Use this form if:

i) You are the relative, next of kin, carer or guardian of a Royal Perth Hospital patient
ii) You are requesting a copy of the patient's radiology records on their behalf

Patient Details

WA Health UMRN (if known): _____

Last Name: _____ First Name: _____ DOB: _____

Address: _____

Request Details

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

☐ Images only ☐ Reports only ☐ Images and Reports

Preferred Delivery Method

☐ Secure File Transfer

☐ USB (in person collection required with photo ID)

☐ Printed Reports Only (in person collection required with photo ID)

Applicant Details

Last Name: _____ First Name: _____ DOB: _____

Address: _____

Relationship to patient: ☐ Carer | ☐ Next of Kin | ☐ Legal Guardian | ☐ Relative → Relation: _____

Phone: _____

Email: _____

Patient Consent

Written patient consent is required for all third-party applications, unless the applicant is the patient's legal guardian.

I, _____ PATIENT NAME _____ , authorise the release of my radiology records (including images and reports) to the applicant listed above.

Patient Signature: _____ Date: _____

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Confirmation

- Records will only be distributed once finalised. Depending on the type of imaging, this can take several weeks.
- Where I have requested information to be sent via Secure File Transfer, I understand that the information will be sent using WA Health's Secure File Transfer System (MyFT) and that I will be required to set up an account using the email address supplied and configure multi-factor authentication in order to download the files.
- Where I have requested records to be provided on USB or printed, I understand that I must collect in person and that photo ID (eg. driver's licence, passport, photo card) will be required.
- Images will be provided in DICOM format, which will need to be viewed either using the included DICOM viewer or using third-party software. The included viewer cannot be used on mobile devices.

Applicant 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