

FREEDOM OF INFORMATION REQUEST APPLICATION FORM	
APPLICANTS DETAILS:	
Surname:	
Given Names:	
Date of Birth:	
Postal Address:	
	Postcode:
Home Phone:	Business Phone:
Email:	
PATIENT DETAILS:	
<i>(PLEASE NOTE: Authority from patient is required via signature or medical power of attorney)</i>	
Name:	
Postal Address:	
	Postcode:
Relationship to Applicant:	
Date of Birth:	
Date of last admission (if known):	
Signature of Patient:	
OR <input type="checkbox"/> certified copy of medical Power of Attorney attached	
I WOULD LIKE ACCESS TO THE FOLLOWING DOCUMENTS:	
Indicate whether you would like to inspect the documents and/or obtain a copy of the documents:	
<input type="checkbox"/> I want a copy of the documents	
<input type="checkbox"/> I want to inspect the documents	
PAYMENT:	
I enclose the sum of \$28.40 being the application fee. I understand additional costs may be incurred for the provision of copies or for time spent reviewing documents with Health Professionals.	
Signature:	Date:

Further information can be obtained from: <http://www.foi.vic.gov.au/>

RELEASE OF HEALTH INFORMATION

APPLICATION FEES: \$28.40 (non-refundable unless fee is waived)
Cheques/money orders are to be made to Beaufort and Skipton Health Service.

ACCESS CHARGES:

- **Search charges** - \$20 per hour or part of an hour
- **Supervision charges** - \$5 per quarter hour
- **Photocopying charges** – 20c per black/white A4 page and postage/freight according to weight.
- Includes copies of medical records or information from medical record or emergency department card.
- Service fee for written report \$125
- If information is more than 10 years old, we may no longer have it (files may be destroyed if record has not been used for 10 years).
- Request must be in writing and include the following information for the patient:
 - Full name including maiden name or any other name which may have been used by the patient
 - Date of birth of patient
 - Information which is required
 - Signature
 - Return address and phone number
- If the information is for a person other than the applicant the relationship to the patient must be given
- Legislation allows for 30 days for a response
- Applications to be addressed to:

Freedom of Information Officer
Beaufort and Skipton Health Service
28 Havelock Street
Beaufort Vic 3373
bshs@bshs.org.au

THE SECTION BELOW IS FOR BEAUFORT AND SKIPTON HEALTH SERVICE OFFICE USE ONLY

To be filed with FOI Application form and relating paperwork

NAME:		UR:
<input type="checkbox"/> Full access granted	<input type="checkbox"/> Partial access granted	<input type="checkbox"/> No access granted
Which areas cannot be accessed:		
Section of The Act denying access:		
Decision maker's signature:		Date:
Name:		
Any other comments:		