

FREEDOM OF INFORMATION REQUEST APPLICATION FORM	
<b>APPLICANTS DETAILS:</b>	
Surname:	
Given Names:	
Date of Birth:	
Postal Address:	
	Postcode:
Home Phone:	Business Phone:
Email:	
<b>PATIENT DETAILS:</b>	
<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:	
<b>OR</b> <input type="checkbox"/> certified copy of medical Power of Attorney attached	
<b>I WOULD LIKE ACCESS TO THE FOLLOWING DOCUMENTS:</b>	
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	
<b>PAYMENT:</b>	
I enclose the sum of \$31.80 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: [www.ovic.vic.gov.au](http://www.ovic.vic.gov.au).

**RELEASE OF HEALTH INFORMATION**

**APPLICATION FEES:** \$31.80 (non-refundable unless fee is waived)  
Cheques/money orders are to be made to Beaufort and Skipton Health Service.

**ACCESS CHARGES:**

- **Search charges** - \$23.85 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](mailto: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

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