

FREEDOM OF INFORMATION APPLICATION

Page 1 of 2

UR Number: _____

Surname: _____

Given Name: _____

Date of Birth: ____/____/____ Sex: M / F

Affix Hospital ID Label If Available



Patient Details

Surname	Given Name(s)
Address	
Phone (home)	Phone (other)
Date of Birth	UR No. (if known)
Email address	

Applicant Details (if different from above)

Surname	Given Name(s)
Address	
Phone (home)	Phone (other)
Email address	
Relationship to patient	Attach copy of any relevant legal documents (e.g. guardianship order)

Complete this section if seeking access to a medical record other than your own

If the patient is **deceased**: (1) Date of Death ____/____/____

(2) Are you the deceased patient's senior next of kin? YES → go to next section NO

Does the patient (or deceased patient's senior next of kin) freely **consent** to you accessing the patient's confidential medical record?

YES → patient (or deceased patient's senior next of kin) to confirm below NO → go to next section

Patient **not competent** to consent (e.g. child, advanced dementia, severe brain injury) → go to next section

I, _____ of _____
(Name of Patient or deceased patient's Next of Kin) (Address)

authorise the Applicant identified above to access the documents identified below from my / the deceased patient's confidential medical record held by Eastern Health

Signed _____ Date ____/____/____
(Signature of Patient or deceased patient's Next of Kin)

Documents Requested

- Emergency Department attendance dated ____/____/____
- Admission dated ____/____/____
- Part of medical record (please specify) _____
- Outpatient notes dated ____/____/____
- Radiology/ Pathology results dated ____/____/____
- Complete medical record
- Time of Birth → **Provide details of baby's mother:** (1) Maiden name _____
(2) Married name _____ (3) Date of birth (of baby's mother) ____/____/____

Site/s Attended

- Angliss Hospital
- Peter James Centre
- Yarra Ranges Health
- Martin Luther Homes
- Other _____
- Box Hill Hospital
- Wantirna Health
- Upton House
- Simon Price
- Maroondah Hospital
- Healesville & District Hospital
- Turning Point Drug and Alcohol Service
- Yarra Valley Community Health Service



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Type of Access Requested

- Copy on CD (if available - see note below) Photocopy (if available - see note below)
 View the original documents Time of Birth letter (for time of birth request)
 Other (please specify) _____

Note: When information is only held electronically, it will be produced on a CD unless a paper copy is requested. When information is only held in paper format it will be produced as a paper copy.

Fees and Charges

Application Fee

A **\$29.60 application fee** must accompany this form before the processing of this request can start. For **waiver** of the fee, provide a photocopy of your valid Health Care Card or Pension Card or other evidence of hardship.

Access Charges

In addition to the application fee, the following access charges may apply. If applicable, you will be notified by mail of the relevant charges, which must be paid before you can access the documents. Do not pay these charges now.

CD	\$10.00
Photocopying	20 cents per page copied
Search Fee <i>(not applicable if requesting own records)</i>	\$22.20 per hour or part thereof
Viewing record <i>(if applicable)</i>	\$5.55 per quarter hour (under supervision)
Radiology images (on CD)	\$10.00

Payment Methods (for application fee \$29.60)

Cheque	Make cheque payable to "Eastern Health"		
Cash	Payable at Cashier Office between 8:30am and 4:00pm. Do not post cash.		
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Other (specify)		
Name on card			
Card number		Expiry date	

FOI Application Completion Checklist

- Complete all relevant sections of this form, including signature and date below
 Include \$29.60 application fee **OR** copy of applicant's valid Health Care Card or Pension Card (for fee waiver)
 Attach Applicant's photo identification (e.g. copy of driver's licence or passport)
 Attach copy of any relevant legal documents (e.g. Power of Attorney, Guardianship order, Family Court order, Death Certificate)

Return completed application to the FOI Service at Eastern Health:

Postal address: EH FOI Service
Health Information Services
Maroondah Hospital
PO BOX 135
Ringwood East VIC 3135

Email: foi@easternhealth.org.au
Phone: (03) 9871 3170
Fax: (03) 9871 1653

Please Note:

- Your application will be processed in accordance with the Victorian FOI Act.
- Your information will be used to process this request and will be handled in accordance with Victorian privacy laws.
- We have 30 days to send a decision from the date a valid request is received. Extensions may apply.
- You do not have a right to access documents that fall within one of the 'exemption' categories in the FOI Act.
- Any documents released to you will be sent via registered post.

If you have any queries, please contact the FOI Service (contact details above)

Applicant's Signature

(Sign after printing)

Date: ____/____/____

