Benalla HEALTH

Freedom of Information Application Form

PATIENT DETAILS:

You must provide appropriate identification. We accept your current driver's licence or passport. We may also ask you for additional paperwork in support if relevant.

Last Name:______________________________ First Name(s):_____________________________________

Previous Name (if applicable):____ Date of Birth: ___/___/____

Address: ____

Town/Suburb: ____ Post Code:__________________

Telephone: *Work*:______________________________ *Home/Mobile:*___________________________________

Email: ____

DETAILS OF RECORDS REQUIRED? Please note there may be a fee attached (see over)

❑ I seek a copy of **PART** of the Records ❑ I seek a copy of **ALL** of the Records

❑ I wish to **INSPECT** the records.

Arrangements can be made to view records during standard business hours, charges apply.

If part of the records are required, please tick the documents you require and indicate dates or approximate dates and/or details of the procedure to assist with identification of information.

❑ Urgent Care Department Records
Date/Details: ....

❑ Discharge Summary
Date/Details: ....

❑ Radiology Results (*** see end of form)
Date/Details: ....

❑ Pathology Results
Date/Details: ....

❑ Inpatient Progress Notes
Date/Details: ....

❑ Community Health Notes
Date/Details: ....

❑ Other (please specify)

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If the Applicant **IS NOT THE PATIENT** complete this section and provide the patient's written authorisation to access their records/Medical Power of Attorney OR if a deceased person, consent of the person's next of kin who is of/over the age of 18 years (proof is required).

Applicant Name: ____

Address: ____

Town/Suburb: ____ Post Code:__________________

Telephone: *Work*:______________________________ *Home/Mobile:*___________________________________

Email: ____

Do you have the patient's authority to access this person's medical records? ❑ Yes – please attach written consent. What is your relationship to the patient? ____

FEES AND PAYMENT

The cost varies according to the request. Fees can be waived at the discretion of the Executive Officer, EDCS or CEO and evidence of hardship may be requested in support, such as a HealthCare or Pension Card. If accepted, you may be excused from some or all of the following charges.

Application Fee: $29.60 *(non-refundable and must accompany application where applicable)*
Search Fee: $25.22/hour or part thereof
Photocopying: $0.20 cents per A4 page
Viewing Records: $5.00 per 15 minutes of viewing time or part thereof

Note: Copies of information is posted or faxed. We are unable to send by email as records must be encrypted. If Express Post/Registered Mail is required, additional charges apply.

❑ Please send by Express Post ❑ Please send by Registered Post ❑ I agree to pay extra

Payment

Cheque	Please make cheque payable to Benalla Health
Cash	Payable at Hospital Reception between 8.30am–5.00pm Monday to Friday
Credit Card	❑ Visa ❑ Master Card ❑ Other Name on Card:
	Card Number:
	Expiry Date:

Please sign, date and return this Form with copies of required identification and other documents (if applicable) to:

The Freedom of Information Officer
Benalla Health
PO Box 406
BENALLA VIC 3671

Or email to foi@benallahealth.org.au

Or fax to (03) 5761 4246

Applicant Name: ____

Signature: ______________________________ Date: __________________

APPLICATION – TIME FRAME

The applicant will be notified of a decision as soon as practicable within 30 days of receiving the fully completed request.

*** PLEASE NOTE *Benalla Health is able to provide copies of plain x-rays in relation your request, but if the patient has had out-patient CT Scans and Ultrasounds, we are unable to provide copies of reports. These services are provided by* ***Goulburn Valley Imaging*** *which is a private provider located on Benalla Health's premises. To obtain these reports, please contact*
Goulburn Valley Imaging, PO Box 261, Benalla Victoria 3671. ***

Office Use Only:

Date received: ____________________ ❑ ID Confirmed ❑ On Database ❑ Complete ____________________
Records accessed: ❑ Benalla Health (Hospital) ❑ Benalla Health (Community Health)
❑ Other (*specify*):____