

## 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:* .....

☐ Community Health Notes  
*Date/Details:* .....

☐ Discharge Summary  
*Date/Details:* .....

☐ Other (please specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

☐ Pathology Results  
*Date/Details:* .....

☐ Inpatient Progress Notes  
*Date/Details:* .....

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.

Application Fee: \$31.50 (*non-refundable and must accompany this application unless waived*)  
Access Charge: \$35.00/hour or part thereof  
Photocopying: \$0.20 cents per A4 page  
Viewing Records: \$5.00 per 15 minutes of viewing time or part thereof  
Costs are calculated using <https://ovic.vic.gov.au/freedom-of-information/access-charges-calculator/>

*Note: Copies of information is posted by Registered mail or sent by email – liquid-files (secure link) to ensure Privacy. If Registered Mail is required, additional charges apply.*

☐ Please send by Registered Post ☐ I agree to pay extra

### Payment

<b>Cheque</b>	Please make cheque payable to Benalla Health
<b>Cash</b>	Payable at Hospital Reception between 8.30am–5.00pm Monday to Friday
<b>Credit Card</b>	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> 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](mailto: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 a fully completed valid 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): \_\_\_\_\_