



**FREEDOM OF INFORMATION (FOI) ACCESS REQUEST FORM**

**APPLICANTS DETAILS**

Given Name(s):	Surname:
Address:	
	Postcode:
Phone number(s):	Email:
Relationship to patient:	
<input type="checkbox"/> Self / Parent Please provide a legible copy of evidence of your photo identity (e.g. Driver's License, Passport). Please provide a legible copy of Health Care Card or Pension Card, if applicable. If there are current Family Court Orders in place, please provide a copy as required.	
<input type="checkbox"/> Other: _____ Please provide patient's written and signed authority with this application form. Please provide a legible copy of evidence of your photo identity (e.g. Driver's License, Passport). Please provide a legible copy of Health Care Card or Pension Card, if applicable. If you have been appointed the patient's Guardian / Enduring Guardian / Enduring Power of Attorney (Medical/Financial), please also provide the appropriate documentation. If the person is deceased, please provide a signed authority from the Senior Next of Kin and a legible copy of evidence of their photo identity.	

**PATIENT DETAILS:**

Given Name(s):	Surname:
Address:	
	Postcode:
Date of Birth:	

**DETAILS OF REQUEST**

<input type="checkbox"/> Entire medical record	<input type="checkbox"/> Part of the medical record (specify below):
_____ _____ _____ _____ _____ _____	

## FORM OF ACCESS

- I wish to obtain copies of the requested documents:
- via Email – please provide email address:.....
  - via Australia Post
  - I will collect the requested documents from Swan Hill District Health Reception.^
- I wish to make an appointment to inspect the documents under staff supervision.

*In the absence of a documented choice, Swan Hill District Health will produce electronic copies of documents.*

*Full payment of fees must be made before requested documents are released.*

*^Please allow sufficient time to be handed the requested documents by Reception staff.*

## DECLARATION

I understand that, in accordance with Freedom of Information Act, Swan Hill District Health is able to charge a **non-refundable** application fee and other associated fees for processing the request.

I also understand that payment **must** be made before the requested information is released by Swan Hill District Health, and in the absence of a documented decision, Swan Hill District Health will produce electronic copies of the requested documents.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST

- I have attached a legible copy of evidence of my photo identity (e.g. Driver's License or Passport).

### And, where applicable:

- I have attached a legible copy of my current Health Care Card or Pension Card (application fee will be waived).
- I have attached the patient's written and signed authority (required only if the applicant is NOT the patient).
- I have attached the patient's executor /Senior Next of Kin's written and signed authority and a legible copy of evidence of their photo identity, where the patient is deceased.
- I have attached appropriate documents verifying that I have been appointed as the patient's Guardian / Enduring Guardian / Enduring Power of Attorney – Medical / Financial.
- I have attached current Family Court Orders.

## ACCESS CHARGES

Application Fee (non-refundable)	\$30.10
Administration Fee	\$20.00 per hour
Photocopying Fee	.20 per page
Postage Fee	\$5.00
Supervising charge (if inspecting documents)	\$20.00 per hour

### Please submit your completed FOI Application to:

Freedom of Information Officer  
Swan Hill District Health  
48 Splatt Street  
Swan Hill, Victoria, 3585

**OR**

FOI@shdh.org.au