

## 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):  <input type="checkbox"/> Swan Hill Primary Health Medical Clinic notes (specify below):	<input type="checkbox"/> Date & time of birth only  <input type="checkbox"/> Immunisation enquiry
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## 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)	\$32.70
Administration Fee	\$20.00 per hour
Photocopying / Scanning Fee	.20 per page
Postage Fee	\$5.00
Supervising charge (if inspecting documents)	\$20.00 per hour
Date & time of birth only	\$10 (above fees are not applied in addition)

**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

## Swan Hill District Health

# GENERAL INFORMATION REGARDING FREEDOM OF INFORMATION (FOI) REQUESTS

### ***How do I apply to access medical records?***

Applications must be made in writing and can be made by completing the attached application form which should include a legible photocopy of your photo identification that shows your signature (e.g. Driver's license, Passport), as well as the application fee. All of these requirements will ensure your request is valid and can be processed in a timely manner.

### ***How much will it cost?***

The Freedom of Information Act 1982 states that a non-refundable application fee of \$32.70 must accompany all applications. If you are the holder of a current Health Care Card or Pension Card, this application fee will be waived. Legible copies of the applicant's current Health Care Card or Pension Card must be provided with the application.

An administration fee of \$20.00 per hour is applied for processing requests. If viewing records only, a supervision rate of \$20.00 per hour applies. Photocopying and scanning is charged at .20 cents per page and discs supplied for radiology records are charged at \$5.00 per disc. Postage is charged at \$5.00.

All charges must be paid before the requested information is released.

### ***Can I access someone else's medical records?***

Reasonable steps must be taken to satisfy that the applicant has the 'right to access' the medical records. Swan Hill District Health has a duty to protect the privacy of personal information.

The patient's written and signed authority or documentation which proves guardianship or Power of Attorney must be supplied with the application form. If the patient is deceased, the Legal Representative (executor of Will or administrator of estate) or Senior Next of Kin's written and signed authority must be provided with the application.

For persons between 16 and 18 years of age, it is preferable that the patient apply for access to their own record. If this is not possible, written and signed authority from the patient must be supplied with the application. If there are any Family Court Orders in place, a copy of the order should be provided with the application.

### ***How long will my application take to process?***

The Freedom of Information Act 1982 states that upon receipt of a valid application, the applicant must be notified of a decision within 30 days. This may be subject to extensions that are permitted under the Act, of which you will be notified. If you require medical records urgently for Court proceedings, contact your Lawyer; a subpoena to produce documents may be issued to send records to the Court.

If you require medical records for medical appointments, Health Information Services is able to provide copies of your medical records directly to external health care providers with your consent. Contact Health Information Services on (03) 5033 9319 for queries relating to the provision of information to current healthcare providers.

### ***Will I receive all of the records?***

The Freedom of Information Act 1982 allows for access to information to be fully or partially denied if there is information held which relates to the personal affairs of a person other than the patient or information which is obtained in confidence. Such decisions can be appealed to VCAT at the discretion of the applicant.

Public records are required to be kept for a prescribed length of time under the Public Records Act 1973, after which they may be destroyed. As a result, it may not be possible to provide records which are from a significant time ago. If records relating to your request are no longer kept, you will be notified.

### ***Where do I send my application?***

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

**OR**

FOI@ shdh.org.au