

BENDIGO HEALTH FREEDOM OF INFORMATION APPLICATION FORM (2024 – 2025)

PATIENT DETAILS

Surname		Given Name(s)	
Street Address			
Suburb/Town		Postcode	
Phone			
Date of Birth		UR No. (if known)	
Email address			

APPLICANTS DETAILS (if different from above)

Surname		Given Name(s)	
Street Address			
Suburb/Town		Postcode	
Phone			
Email address			
Relationship to patient	<i>Please attach supporting documentation</i>		

For requests relating to children under the age of 16	Is the child subject to a Family Court Order? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please attach copy of Court order</i>
---	--

DOCUMENTS REQUESTED

Indicate which campus/campuses of Bendigo Health you require information from:

Bendigo Hospital Campus Anne Caudle Campus (Community Health) Mental Health Services

- Common documents in a medical record include:**
- Discharge summaries
 - Emergency Department notes
 - Clinical / progress notes
 - Operation reports & anaesthetic records
 - Radiology and pathology results
 - Correspondence and referral letters
 - Care plans
 - Observation charts
 - Medication records

Describe clearly the documents you wish to access (include date range, subject matter, types of documents):

.....

.....

.....

.....

.....

Reason for request (this will assist us to identify and locate documents relevant to your request):

.....

.....

.....

.....


Are you willing to receive edited documents?: YES / NO *(Please circle one)*


Some documents may need to have information deleted if it is exempt or irrelevant according to the Freedom of Information Act 1982 (Vic). YES = the document will be released with any exempt material deleted and clearly marked NO = the document will be refused in full

Form of access	Delivery of documents
<input type="checkbox"/> Copy of documents; or <input type="checkbox"/> Inspect documents	<input type="checkbox"/> Email (no delivery charge); or, <input type="checkbox"/> Registered mail (\$11.00); or, <input type="checkbox"/> Collection in person (no charge) <i>from main hospital, with photo ID</i>

AUTHORITY TO ACCESS INFORMATION**Request for Information relating to another Individual**


You must provide signed authority from the patient to release their information or provide evidence that you have the authority to access this information. If a patient is a child under the age of 16 and there are legal circumstances that may impact on the release of the child's information, evidence that you have the right to access the patient's information must be provided (i.e. a copy of the Family Court Order).


 Signed authority from patient

AND  Further evidence provided (if required)

Request for information relating to a Deceased Individual

Where the patient is deceased, the patient's senior available next of kin must provide evidence that they are the next of kin (ie. Copy of the death certificate) and sign an authority to release the information if release is to a third party

 Death Certificate

AND  Signed authority by Senior NOK (if release is to a third party)

FEES AND CHARGES**Application Fee:**

A \$32.70 application fee (non-refundable) must accompany this form before the processing of this request can begin. For waiver of the application fee, please provide a copy of your valid Health Care Card or Pension Card or other evidence of hardship.

Access Charge:

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.**

- search charge of \$24.50 per hour or part of (excludes requests relating to personal affairs of the applicant)
- viewing charge of \$24.50 per hour, calculated per ¼ hour or part of a ¼ hour
- document charge of 20 cents per A4 page
- radiology on USB charge of \$10 per USB (includes reports)
- registered mail charge of \$11.00

PAYMENT (For application fee \$32.70)**Credit Card**

Visa MasterCard Other (specify) _____

Credit Card Number:

					-														
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cardholder name: _____

Expiry Date: __/__/__

Signature: _____

Amount: \$32.70

CHECKLIST

- Complete FOI application form
- Include \$32.70 application fee (or evidence of hardship)
- Include applicant's photo identification that clearly shows your signature (i.e. copy of passport or driver's licence)
- Include a copy of any relevant legal documents (i.e. Death Certificate; Court Orders, patient authorisation)

SEND APPLICATION FORM TO:

Email: foi@bendigohealth.org.au

Mail: Freedom of Information Unit
Bendigo Health
PO Box 126
Bendigo VIC 3552

Applicant's Signature: _____

Date: _____