

**FREEDOM OF INFORMATION APPLICATION FORM**

**PATIENT DETAILS**

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

**APPLICANTS DETAILS (if different from above)**

<b>Surname</b>		<b>Given Name(s)</b>	
<b>Street Address</b>			
<b>Suburb/Town</b>		<b>Postcode</b>	
<b>Phone</b>			
<b>Email address</b>			

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

**DOCUMENTS REQUESTED**

**Indicate which campus(es) of Bendigo Health you require information from:**

Bendigo Hospital Campus     
  Anne Caudle Campus     
  Psychiatric Services

- Common documents in a medical record include:**
- Discharge Summaries
  - Operation Reports & Anaesthetic Records
  - Care Plans
  - Emergency Department notes
  - Radiology and Pathology results
  - Observation Charts
  - Clinical / Progress Notes
  - Correspondence and Referral Letters
  - Medication Records

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

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.....

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.....

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

*Some documents you require may need to have some information deleted if it is exempt or irrelevant according to the Freedom of Information Act 1982 (Vic). If you are not willing to receive a copy of an edited document, the document will not be released.*

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

**Request for Information relating to another Individual**


You must provide signed authority from the patient to release their information or you must 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 (ie. 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 \$30.10 application fee (non-refundable) must accompany this form before the processing of this request can begin. For waiver of the application fee, 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 \$22.55 per hour or part of (excludes requests relating to personal affairs of the applicant)
- viewing charge of \$22.55 per hour, calculated per ¼ hour or part of a ¼ hour
- photocopying/printing charge of 20 cents per A4 page (black and white)
- radiology on disc charge of \$20 per disc (includes reports)
- registered mail charge of \$11.00

**PAYMENT (For application fee \$30.10)**

**Credit Card**

Visa     MasterCard     Other (specify) \_\_\_\_\_

Credit Card Number:

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Cardholder name: \_\_\_\_\_

Expiry Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_

Amount: \$30.10

**CHECKLIST**

- Complete FOI Application form
- Include \$30.10 Application fee (or evidence of hardship)
- Include Applicant’s Photo Identification that clearly shows your signature (ie. Copy of passport or Driver’s Licence)
- Include a copy of any relevant legal documents (ie. Death Certificate; Court Orders, Patient authorisation)

**SEND APPLICATION FORM TO:**

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

**Email:** [foi@bendigohealth.org.au](mailto:foi@bendigohealth.org.au)

**Applicant’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_