

GOULBURN VALLEY HEALTH
FREEDOM OF INFORMATION REQUEST FORM

Section 1 APPLICANT'S DETAILS

Given Name(s)..... Surname.....

Address.....

Suburb/Town/State/Territory.....Postcode.....

Contact No – Home/Mobile no.....

Email Address.....

Relationship to patient:

Self / Parent

- Please provide evidence of your identity e.g. a photocopy of a Drivers Licence, Passport or Birth Certificate

Other.....

- The patient's written and signed authority must accompany this application form.
- Please also provide evidence of your identity e.g. a photocopy of a Driver's Licence, Passport or Birth Certificate.
- 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 patient is deceased please also provide a signed authority from the Executor of the Will/Senior Next of Kin and a photocopy of proof of identification.
- If shared custody terms please provide custodial paperwork.

Section 2 PATIENT DETAILS

Given name(s).....Surname.....

Address.....

Suburb/Town/State/Territory.....Postcode.....

Date of Birth.....

Section 3. DETAILS OF REQUEST

Please give a detailed description of what you require. (E.g. whole record, x-ray reports, pathology results, outpatient letters only) please indicate if there is a psychiatric file also and you wish for a copy of that as well

I wish to access the following document (s)

.....

.....

Section 4. FORM OF ACCESS

Please select the form of access you require.

- I wish to obtain photocopies of the documents outlined in Section 3 at 20 cents per copy or a copy of notes on a CD
- Please notify when I can collect the documents in person.
- Please mail the documents to the address specified for a fee of \$6.50 to cover the cost of postage and handling - sent registered post.

Section 5. CHECKLIST

Application Fee

- I have attached a cheque/money order/credit card form for the prescribed application fee of \$29.60. (non refundable)**If this fee is not paid your request will not be processed.** If paying in person please pay at Cashier's Office GV Health 9-4.30pm Mon- Fri
Please note if photocopying charges are not paid within 30 days your application will be cancelled
- I have attached a photocopy of my Driver's Licence /Passport / Birth Certificate.
- I have attached the patients written and signed authority (if the applicant is not the patient)
- I have attached the patient's executor / senior next of kin's signed authority and a photocopy of their proof of identification (if the patient is deceased)
- I have attached the appropriate documents verifying that I have been appointed as the patients Guardian/ Enduring Guardian/ Enduring Power of Attorney- (Medical/Financial)

Section 6. DECLARATION

I understand that additional charges may be incurred and that I will be supplied with a statement of charge if applicable and that payment must be made before the request is photocopied, mailed out, viewed or collected in person. I authorize the GV Health representative to access my medical file to collate this information.

Applicant's signature:..... Date.....

If paying by credit card a completed credit card form should be forwarded along with your application.

Under the Freedom of Information Act GV Health has a statutory time frame of 30 days upon receipt of payment to process the FOI application.

The FOI Act allows for access to information to be denied in certain circumstances. In some cases access to the whole document is denied and in others access may be given with the exempt material deleted.

Further information can be seen on our FOI request fact sheet or by accessing the website at foi.vic.gov.au

**FREEDOM OF INFORMATION
PAYMENT BY CREDIT CARD**

Please select debit/credit card:

BANKCARD MASTERCARD VISA

CARD NUMBER

CARD EXPIRY DATE

/

AMOUNT

\$.....

Name of Card Holder:.....

Cardholders signature:.....

Date:.....

List of charges:	\$29.60	Application Fee (non refundable)
	\$20.00	Search Fee if record is off campus
	.20	Per page photocopying
	\$ 6.50	Postage and handling (registered post)
	\$40.00	Copy of records on a CD

Section 7 POSTAL ADDRESS & CONTACT

Please forward this application for to:

Donna Campbell
 Freedom of Information/Medico-Legal Officer
 GV Health
 Graham Street
 SHEPPARTON VIC 3630
 Ph: 0358 322 322
 Fax: 0358 322 394

CUSTOMER TO KEEP

- Accessing a copy of medical records.
- Victorian legislation requires all health records undergo an appropriate review prior to release. Approval for release will be sought only after the application fee is paid and appropriate identity provided.
- It is emphasized that the application fee is non-refundable, even if you decide not to proceed with the application. If there are photocopy charges you will be sent an invoice which must be paid before release of any information.
- When your application has been received, and application fee paid your request will be processed within the FOI Act legislation of 30 days from receipt of payment on all accounts.
- If a person has a Health Care Card they can apply for an exemption on payment. Under the FOI Act this decision is up to the hospital. If the application fee is not waived other associated fees could be.
- Please note, a patient's medical record is the property of GV Health and is therefore subject to the Freedom of Information Legislation. There are several sections of the FOI Act under which a person's privacy must be protected. Due to these reasons GV Health may be obliged to exempt certain sections of a medical record being released.

Examples of documents that may be exempt are:

- Documents that contain health information concerning the person making the request where it is believed on reasonable grounds that the release of the information would endanger the life or health of that person or another person.
- Documents affecting legal proceedings
- Documents affecting personal privacy, including the privacy of a deceased person

Any enquiries please feel free to contact the FOI Officer at GV Health:

Donna Campbell
Freedom of Information/Medico-Legal Officer
GV Health
Graham Street
SHEPPARTON VIC 3630
Ph: 0358 322 322
Fax: 0358 322 394

Or via email donna.campbell@gvhealth.org.au