

**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 (if medical records are requested):

Self / Parent

- Please provide evidence of your identity e.g. a photocopy of a Drivers Licence, Passport or Birth Certificate
- If shared custody terms apply to a patient who is a child please provide custodial paperwork.
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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 provide a copy of the appropriate documentation.
- If the patient is deceased please also provide a signed authority from the Senior Next of Kin and evidence of that person's identity.

**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.  
 Your request must provide sufficient information for us to be able to identify and locate all relevant document(s). When writing your request, be specific about which document(s) you are seeking and include as much information as possible. Think about:

- what the document(s) relate to (for example, a specific presentation or admission to the health service, x-ray reports, pathology results, outpatient letters, a complaint you made or a particular project);
- the date range in which the document(s) may have been created;
- where the document(s) might be located (for example, in a particular email account, with a specific person, or held by a medical or business unit); and
- the type of document(s) you seek (for example, medical records, an email, report)

Please avoid using wording such as 'all documents' because your request may end up being too large for us to process, or it may not be specific enough for us to identify the document(s). If you are not sure how to frame your request, please contact us.

I wish to access the following document (s)

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**Section 4    ADDITIONAL INFORMATION TO ASSIST US**

**OPTIONAL:** please provide background or contextual information to assist us in processing your request. This could include your reasons for seeking access to the document(s) and what you intend to do with the document(s). Providing additional information may assist us to identify and locate document(s) relevant to your request. It may also assist us to identify other ways you may access the requested document(s) outside of the FOI Act.

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It may be helpful to exclude certain documents or information from your request if it isn't particularly necessary or relevant. This may allow us to process your request more quickly by potentially reducing the number of documents to assess or removing the requirement for us to consult with third parties. Do you require access to:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • draft documents                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • duplicate documents:                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • commercial information relating to third parties: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • personal information relating to third parties:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Section 5. EDITED COPIES**

The document(s) you requested may contain exempt or irrelevant information. Under section 25 of the FOI Act, we can provide edited copies of document(s) with exempt or irrelevant information removed. However, we are only required to do this if you indicate you will accept an edited copy of the document(s), and if it is practicable for us to make edits. If you don't agree to receive an edited copy, we may decide the entire document is exempt and refuse access to it in full, even if there is some information that could be released to you.

I agree /  I do not agree to receive access to a copy of a document with exempt or irrelevant information removed in accordance with section 25 of the FOI Act.

**Section 6. FORM OF ACCESS**

Please select the form of access you require.

- colored copies - 20 cents per copy
- Copy of notes on a CD - \$20.00
- Via secure email.
- Please notify when I can collect the documents in person.
- Please mail the documents to the address specified for a fee of \$10.00 to cover the cost of postage and handling - sent registered post.

**Section 7. CHECKLIST****Application Fee**

- I have attached a cheque/money order/credit card form for the prescribed application fee of \$31.80. (non- refundable) If paying in person please pay at Cashier's Office GV Health 9-4.30pm Mon- Fri
- I have attached a photocopy of my Driver's Licence /Passport / Birth Certificate/ Health Care Card
- I have attached the patient's written and signed authority (if the applicant is not the patient)
- I have attached the patient's 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 patient's Guardian/ Medical/Financial/ Enduring Power of Attorney

On presentation of Health Care Card – fees are waived.

**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.

**FREEDOM OF INFORMATION  
PAYMENT BY CREDIT CARD**

Please select debit/credit card:

BANKCARD       MASTERCARD       VISA

CARD NUMBER

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CARD EXPIRY DATE

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AMOUNT

\$ \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Cardholders signature: \_\_\_\_\_

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

List of charges:	\$32.70	Application Fee (nonrefundable)
	\$20.00	Search Fee if record is off campus
	.20	Per page photocopying
	\$10.00	Postage and handling (registered post)
	\$20.00	Copy of records on a CD

## **FREEDOM OF INFORMATION**

Under the Freedom of Information Act 1982 (Vic) (FOI Act), every person has the right to request access to documents held by Victorian public sector agencies and Ministers. This right of access is subject to exceptions and exemptions necessary to protect essential public and private interests.

### **Making a valid request**

Under section 17 of the FOI Act, a request must meet three requirements to be valid:

1. your request must be in writing;
2. you must provide sufficient information about the documents you are requesting to enable us to identify and locate relevant documents; and
3. you must pay the application fee, or if payment of the application fee would cause you hardship you can request us to waive the fee in full or in part.

Please note that the application fee is non-refundable. For more information on how to make a valid freedom of information (FOI) request, visit the Office of the Victorian Information Commissioner's (OVIC) website [www.ovic.vic.gov.au](http://www.ovic.vic.gov.au).

### **After you submit a request**

After you submit a request, we will assess it to ensure it meets the requirements outlined in section 17 of the FOI Act. If we determine that your request is not valid, we will notify you within 21 days from the date we received your request and provide you with assistance to help you make the request valid. If your request is valid, we will begin processing it.

### **Timeframes**

We have 30 days from the date you make a valid request to provide you with a decision. However, we can extend this time by up to 15 days if we need to consult with third parties whose information may be contained in the requested documents. We may also extend this time by up to 30 days with your agreement. We will let you know if the timeframe changes.

### **Other charges**

We may require you to pay certain charges before access is provided to the requested document(s). For example, we may charge for providing copies of the document(s) or supervising an inspection of the document(s). If these charges exceed \$50.00, we will notify you and request that you pay a deposit before proceeding with your request.

### **Collection, use and disclosure of your personal information**

Your personal information is collected for the purpose of processing your request. We may notify and consult with third parties in considering whether an exemption under sections 29, 31, 31A, 33, 34 or 35 of the FOI Act applies. This may involve disclosing details such as your name, the terms of your request, and the documents falling within the scope of your request that concern the relevant third parties.

If necessary, we may transfer your request under section 18 of the FOI Act to another agency or Minister who is better placed to handle your request. We will tell you if we do this.

### **Accessing a copy of medical records**

A patient's medical record is the property of GV Health and is therefore subject to the exemptions which apply under the FOI Act. There are several sections of the FOI Act under which a person's privacy must be protected and as a result, GV Health may be required 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 relating to legal proceedings; and
- documents affecting the personal privacy of a person other than the applicant, including the privacy of a deceased person.

Any enquiries please contact the FOI Officer at GV Health:

Freedom of Information  
GV Health  
Graham Street  
SHEPPARTON VIC 3630  
Ph: 0358 310 042  
Fax: 0358 322 304

Or via email [foi@gvhealth.org.au](mailto:foi@gvhealth.org.au)