



# Freedom of information request form

Under the *Freedom of Information Act 1982* (Vic) (**the 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.

### Before you make a request

We publish certain information and documents on our website and make other information or documents available upon request without the need for you to make a request under the Act.

Before you make a request, visit our website or contact us to see if the information you would like to access:

- is publicly available on our website;
- is available for purchase;
- is available for inspection;
- is available under an informal release scheme; or
- can be provided to you by telephone or email outside of the Act.

Providing information outside of the Act is called proactive release and informal release. For more information on what proactive and informal release means, read the Office of the Victorian Information Commissioner's (OVIC) Proactive release of information — Office of the Victorian Information Commissioner

If you cannot access information outside of the Act, please continue reading to learn how to make a valid freedom of information (**FOI**) request.

### 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 provide evidence to show why paying the fee would cause you hardship, such as a concession/healthcare card or statutory declaration outlining why payment would cause hardship. We will assess your fee waiver request and let you know the outcome.

Visit OVIC's website for more information on how to make a valid FOI request.





### 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 day after we receive your 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). If these charges exceed \$70.00, we will notify you and request that you pay a deposit before proceeding with your request.

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

Please refer to Goulburn Valley Health's website regarding Information Sharing and Privacy – https://www.gvhealth.org.au/patients-and-visitors/patient-information/

For a copy of the Information Sharing and Privacy policy, please contact the FOI Officer.

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.

#### **Exempt documents**

Some of the documents you request may be exempt from release in accordance with the FOI Act.

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.





# 1. Contact details

Your detai	ls		
Title:	First Name(s):		Surname:
Organisatio	on (if applicable):		
Email addr	ess:		
Contact nu	mber(s):		
Postal addı	ress:		
Suburb:		State/Territory:	Postcode:
Preferred o	contact method:		
Do you need an interpreter?		If yes, what language?	
If you are ເ on your be	• .	e like a parent, guardian, no they are. If you are co	lawyer or any other person who is acting mpleting this form as the applicant's
Title:	First Name(s):		Surname:
Organisatio	on (if applicable):		
Email addr	ess:		
Contact nu	mber(s):		
Postal addı	ress:		
Suburb:		State/Territory:	Postcode:
Preferred o	contact method:		
Relationshi	in to annlicant		





# Your authority for representative to act (if applicable)

Please complete this section if a representative is assisting you with your request.

I give permission and authorisation for my representative to act on my behalf and have access to any information concerning my request.

Applicant	Representative
Name:	Name:
Signature:	Signature:
Date:	Date:
Name:	Name:
Signature:	Signature:





### 2. The documents you are requesting to access

Please identify, describe or outline the document(s) you are seeking to access.

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, progress notes, 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

Please avoid using wording such as 'all documents' because your request may result in it being too

• the type of document(s) you seek (for example, medical records, an email, report)

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.				
	e your request, pl	e your request, please contact us.	e your request, please contact us.	s, or it may not be specific enough for us to identify the document(se your request, please contact us.





# 3. Additional information to assist us

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.				
par pot	hay be helpful to exclude certain documents or information from your request if it isn't ticularly necessary or relevant. This may allow us to process your request more quickly by entially reducing the number of documents to assess or removing the requirement for us to sult with third parties. Do you require access to:			
•	draft documents $\square$ Yes / $\square$ No			
•	duplicate documents:   Yes /   No			
•	commercial information relating to third parties: $\square$ Yes / $\square$ No			
•	personal information relating to third parties: $\square$ Yes / $\square$ No			
4.	Proof of identification			
сор	ne documents you are seeking access to relate to you personally, you need to provide us with a by of your identification. We may not be able to provide access to the requested document(s) if cannot verify that you are the person the subject of the document(s).			





### 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.

some information that could be released to you.				
In the event we consider the document(s) you requested contain exempt or irrelevant information, do you agree to receive an edited copy with the exempt or irrelevant information removed?				
$\square$ I agree / $\square$ I do not agree to receive access to an edited copy of a document with exempt or irrelevant information removed in accordance with section 25 of the FOI Act.				
6. Form of access				
Please tell us how you would like to receive a copy of the document(s) we decide to release to you.				
☐ Via secure email (preferred method of delivery)				
☐ Paper copies – pick up in person				
☐ Paper copies – registered post				
☐ Copy of records on a USB – pick up in person				
☐ Copy of records on a USB – registered post				
7. Application fee and access charges				
The application fee for making a request for access under section 17 of the FOI Act is \$33.60.				
Access charges that may be applicable:				
Search and retrieval fee: \$25.20				
Electronic Medical Record pages (PDF): \$40.00 for first 1000 pages, \$20.00 for every subsequent 1000 pages				
Paper copies: \$0.20 per page				
Radiology images (via link): \$15 per link				
Postage charges (registered post): \$12.00				
USB: \$20				





I understand that additional charges may be incurred and that I will be supplied with an invoice if applicable and that payment must be made before the requested documents are emailed, photocopied, mailed out, or collected in person. I authorise the GV Health representative to access my medical file to collate this information.

Applicant's name:		
Applicant's signature:	Date:	
Alternatively, if paying the application fee would cause you the application fee in full or in part. If you request a waiver, paying the fee would cause you hardship, such as a concess declaration outlining why payment would cause hardship. Vand let you know the outcome	please provide evidence to show why ion/healthcare card or statutory	
Ways to pay:		
<ul> <li>Cashier's Office GV Health (Graham Street Campus</li> <li>Over the phone GV Health Cashier, (03) 5831 0162</li> <li>Providing card details below</li> </ul>		
If paying by card the below should be completed with your o	application.	
Visa Mastercard	d Other, specify:	
CARD NUMBER		
CARD EXPIRY DATE AMOUNT		
\$	_	
Name of Card Holder:		
Cardholders signature:		
Date:		





## 8. Submitting your request

You can send your request by email, or post. If you are unable to send your request via these methods, please contact us to discuss other options.

Email: <a href="mailto:freedomofinformation@gvhealth.org.au">freedomofinformation@gvhealth.org.au</a>

Post:

**GV** Health

**Graham Street** 

Shepparton Vic 3630

### **Further assistance**

If you have a question about making a request or want to discuss your request further, please contact us on 03 583 10042 or <a href="mailto:freedomofinformation@gvhealth.org.au">freedomofinformation@gvhealth.org.au</a>.

You can also contact OVIC for more information about freedom of information:

Email: enquiries@ovic.vic.gov.au

Telephone: 1300 006 842 Website: <u>www.ovic.vic.gov.au</u>