BRHS Bairnsdale Regional Health Service

Freedom of Information Application Form

ALL SECTIONS MUST BE COMPLETED

DATE: ____/____/____ **Patient UR:** _____

1. PATIENT DETAILS			
Surname:		Given name(s):	
Address:			
Date of birth:		Email:	
Telephone:		Mobile:	

2. APPLICANT DETAILS (if different from above)			
Surname:		Given Name:	
Address:			
Date of Birth:		Email:	
Telephone:		Mobile:	

Are you of Aboriginal origin? ☐Yes ☐No Are you of Torres Strait Islander origin? ☐Yes ☐No

Are you of *both* Aboriginal & Torres Strait Islander origin? ☐Yes ☐No Are you of neither origin? ☐Yes ☐No

Relationship to Patient: _____ *Please provide supporting documentation if you are applying for another person's information i.e. copy of Guardianship Orders/Power of Attorney/Executor/ Birth Certificate*

Complete this section if seeking access to a medical record *other than your own*

BRHS is not authorised to release any information until the correct consent is received by law.

A) Deceased Patients

If the patient is deceased: Date of Death: _____/_____/_____

Are you the deceased patient's Executor of their Will)?

Yes ☐ ***copy of evidence attached***; Go to Section C) Signed Consent

No ☐ *consent is required from the deceased patient's Executor of their Will before proceeding*

B) Patient not competent to consent (e.g. child, advanced dementia, severe brain injury)

Are you the patient's senior next of kin, legal guardian or MPOA?

Yes ☐ *copy of evidence attached; Go to Section C) Signed Consent*

No ☐ *consent is required from the patient's SNOK/ Legal Guardian/MPOA before proceeding*

C) SIGNED CONSENT - *BRHS is not authorised to release any information until the correct consent is received by law.*

Signed consent must be completed (as shown below):

Does the patient (or incompetent SNOK, Legal Guardian or MPOA/deceased patient's Executor of their Will) freely consent to your accessing the patient's confidential medical record?

Yes ☐ the patient (or incompetent patient's SNOK, Legal Guardian or MPOA /deceased patient's Executor of their Will) to confirm and sign below

No ☐ consent is required from the incompetent patient's SNOK/Legal Guardian/MPOA or deceased patieint's Executor of their Will before proceeding

I, _____ of _____

(Name of Patient or Patient's SNOK/Legal Guardian /MPOA/Executor of Will) (Address)

authorise the Applicant identified above to access the documents identified on this form from my / incompetent or deceased patient's confidential medical record held by BRHS

Signed: _____ **Date:** _____/_____/_____

(Signature of: (circle) Patient / incompetent SNOK/LG/MPOA or deceased patient's Executor of Will

4. Proof of Identity (Please provide a copy of one of the following forms of identification):

☐ Passport	☐ Pension / Health Care Card
☐ Drivers Licence	☐ Birth Certificate
☐ Medicare Card	☐ Other _____

5. Documents Requested:

☐ Complete medical record
☐ Admission Dated _____/_____/_____
☐ Part of medical record (please specify)_____
☐ Emergency Dept attendance dated ____/____/_____
☐ Outpatient notes dated _____/_____/_____
☐ Radiology/Pathology results dated _____/_____/_____
☐ Birth Episode Information - Require Mother's Surname at time of baby's birth _____
Require Mother's date of birth _____/_____/_____
Require Mother's Signed Consent *refer to Section C – Signed Consent*

6. Type of Access Requested:

☐ Photocopy ☐ View original documents ☐ Time of Birth Letter ☐ Other _____

7. Detailed Reason for Requesting Documents/Information:

8. Fees & Charges: Application is not valid until application fee is received

FOI APPLICATION FEE (NON-REFUNDABLE):

A $30.10 application fee must accompany this form before the processing of this request can proceed.

In order for the fee to be waived, provide a photocopy of your valid Health Care Card, Pension or other evidence of hardship.

ACCESS CHARGES:

In addition to the application fee, the following access charges may apply. If applicable, you will be notified by mail or email of the relevant charges, which must be paid prior to accessing the documents – **you do not have to pay these charges now**.

Photocopying: 20 cents per page copied

Information copied onto CD: $10

Search Fee (not applicable if requesting own records): $21.30 per hour or part thereof

Viewing a record: $5 per quarter hour (under supervision)

9. Payment Methods (for application fee $30.10)

Cheque	Make cheques payable to BRHS Operating Account
Cash	Payable at Main Reception between 8.30am and 5.00pm. Do not post cash. Attach receipt to application
Credit Card Type	☐ Visa ☐ Mastercard
Name on Card	
Card Number	
Expiry Date	

10. FOI Application Completion Checklist

☐ Complete all relevant sections of this form
☐ Include $30.10 application fee OR copy of valid Health Care or Pension Card (for fee waiver)
☐ Attach Applicant's proof of ID
☐ Attach copy of any relevant legal documents to support your application

Return completed application to:
The Health Information Manager
Bairnsdale Regional Health Service
PO Box 474
Bairnsdale Vic 3875

Phone: 03 – 5150 3493
Fax: 03 – 5150 3340

Please Note:

- Your application will be processed in accordance with the Victorian FOI Act.
- **We have a maximum of 30 days to send a decision from the date we receive a *properly completed application form*.**
- Your information will be used to process this request and will be handled in accordance with Victorian privacy laws.
- We may need to notify 3rd parties of the application and are required to disclose the identity of the applicant.
- You do not have a right to access documents that fall within one of the 'exemption' categories of the FOI Act.
- Any documents released to you will be sent via post, unless other arrangements are made with the FOI Officer.
- Any queries, please contact the FOI Officer on the phone number listed above.