

FREEDOM OF INFORMATION APPLICATION FORM

For internal use only UR(s):

PATIENT DETAILS

Copy of Identification is mandatory. We accept current driver's license or passport

First Name: _____ Family Name: _____ Date of Birth: _____

If patient attended Alfred Health under another name, please specify: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact No: _____ Contact Email: _____

Are you a Care Leaver (former ward of state / forgotten Australian / stolen generation) Person?

Yes No

WHAT MEDICAL RECORDS DO YOU NEED? If you wish to discuss your individual requirements, please contact our office on (03) 9076 5149 so that we can assist you with your selection.

Please use the tick boxes below to indicate medical records of interest;

- | | |
|--|---|
| <input type="checkbox"/> Emergency Department Records | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Outpatient progress notes and letters | <input type="checkbox"/> Inpatient progress notes |
| <input type="checkbox"/> Pathology Results | <input type="checkbox"/> Operation reports |
| <input type="checkbox"/> Radiology Results only | <input type="checkbox"/> Complete copy of medical records |

Radiology Images (DVD)
Please note that radiology images are not routinely provided unless specified due to costs – refer to Fees & Payments on 2nd page.

Specific date / attendance or admission (please specify) _____

Care Leaver / Other document(s) (please specify the document(s)) _____

Time of Birth (please provide mother's name and DOB) Mother's Name _____ Mother's DOB _____

Important Information – please read carefully:

Please sign and date application form on Page 2 →

Mandatory personal identification is required – please ensure a copy is provided with the completed application form

The Freedom of Information process may take up to 30 days. The applicant will be notified of a decision as soon as practicable within 30 days of receiving the fully completed and valid request



IF APPLICANT IS NOT THE PATIENT we will require the following section to be completed and the following supporting documentation (please use tick boxes to check off requirements);

- 1. Applicant personal identification (we accept current driver's licence, passport or Centrelink card)
- 2. The patient's written authorisation to access the patient's records **OR**
- 3. In the case of a deceased person, the consent of the person's senior available next of kin who is of, or above, the age of 18 years is required (**Proof of this relationship is required**); and
- 4. Copy of Death Certificate

Applicant 's Full Name: _____ Telephone Number: _____

Applicant Address: _____ Suburb: _____

State: _____ Postcode: _____ Email: _____

FEES AND PAYMENT

- Application fee **\$29.60** (The application fee is a fixed cost which is non-refundable. The only exception is for people suffering financial hardship who may ask the agency to waive the application fee). Please provide copy of signed Healthcare Card to enable us to waive application fee.
- Printing of medical records **\$0.20 per page** (Black and white copies only)
- Records downloaded to USB or emailed via SharePoint **\$40.00 for 1st 1000 pages**
\$20.00 for every subsequent 1000 pages
- Registered Post **\$6.00**
- Only on request:
 - DVD radiology images: \$40.00 per DVD
 - Viewing Records: \$22.20 per 15 minutes of viewing time
 - Time of Birth: \$30.00

Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Other
Name on card:			
Card No:			
Expiry date:		CVV Number: (last 3 digits on back of card)	

Please sign, date & return the application form, with supporting documentation to:

Legal Support Services (Inc. FOI & Police Liaison) **OR** Email: foi@alfred.org.au
 Alfred Health
 PO Box 315 Fax: (03) 9076 2825
 Prahran VIC 3181 Enquiry: (03) 9076 5149

Print Name: _____ **Signature:** _____ **Date:** _____

