

Freedom of Information (FOI) Application Form

Email to: LSS@alfred.org.au

The application will not be processed until we receive your personal identification and the mandatory application fee.

PATIENT DETAILS

Title: _____ First Name(s): _____ Surname: _____
Email address: _____
Contact number(s): _____ Date of Birth: _____
Postal address: _____
Suburb: _____ State/Territory: _____ Postcode: _____

PROOF OF IDENTIFICATION

Copy of current photo ID with signature is **mandatory**.

☐ Please tick this box if you are a Care Leaver (former ward of state/Forgotten Australian/Stolen Generation).

ARE YOU A REPRESENTATIVE OF THE PATIENT?

Title: _____ First Name(s): _____ Surname: _____
Email address: _____ Your reference Number: _____
Contact number(s): _____
Postal address: _____
Suburb: _____ State/Territory: _____ Postcode: _____
Relationship to applicant: _____

AUTHORITY FOR A REPRESENTATIVE TO ACT:

Please provide additional supporting documentation:

1. Copy of representative's personal identification; and
2. Patient's written authorisation below.

I, [name] _____ give permission and authorisation for my representative to act on my behalf and have access to any information requested.

Patient Signature Date: _____

If the patient is deceased, please provide:

1. The written authorisation of the person's senior available next of kin;
2. Proof the senior available next of kin is over 18; and

3. A copy of the death certificate.

The documents you are requesting access to:

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

☐ Full copy medical records

☐ Part copy medical records

☐ Include records prior to 2010 (**Paper History - stored offsite**)

☐ **RADIOLOGY** images are provided on a DVD for an additional fee of \$40.

☐ **TIME OF BIRTH REQUEST:** please provide your DOB: _____

Mother's Name: _____

FEES AND PAYMENT

Application fee: **\$33.60** Mandatory and non-refundable.
*If paying the application fee will cause you financial hardship, please provide a copy of your concession or healthcare card so that we may assess eligibility for a fee waiver.

FOI request will not be processed until the application fee or fee waiver evidence is received. We will contact you by email to arrange your payment.

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

Express Post: **\$10.00**

DVD radiology images: **\$40.00** per DVD

Please email signed application form with proof of identification to LSS@alfred.org.au

Checklist for Application:

1. Completion of Application Form sent via email: **LSS@alfred.org.au**
2. Photo ID (License, Passport) sent with application form.
3. Fee Waiver requires provision of Pension/Healthcare Card sent via email.

Upon receipt of your request, we will contact you to arrange payment of the application fee either by credit card or by invoice. Please note credit card details are not held/stored by Alfred Health post processing of the application. Alfred Health is no longer able to accept payment by cheque.

***Signature required:**

Applicant's Signature: _____ **Date:** _____