

## Freedom of Information (FOI) Application Form

Email to: [LSS@alfred.org.au](mailto: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

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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: **\$34.50** 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 1<sup>st</sup> 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](mailto:LSS@alfred.org.au)**

### Checklist for Application:

1. Completion of Application Form sent via email: [LSS@alfred.org.au](mailto: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:** \_\_\_\_\_