

This form must be accompanied by:

- ♦ \$29.60 (non-refundable) application fee; and
- ♦ A photocopy of a form of identification which has a photograph (eg drivers licence); and
- ♦ Supporting documentation if you are applying for another person's information, eg. power of attorney (POA).

FOI requests (if approved) will incur the following charges:

- ♦ Application fee of \$29.60 (non-refundable)
- ♦ Search charge of \$22.22 per hour or part of an hour
- ♦ Supervision charge of \$22.22 per hour or part of an hour (calculated per quarter hour or part of a quarter hour)
- ♦ Photocopying charge @ 20 cents per black/white A4 page
- ♦ Photocopying charge @ 30.55 cents per colour A4 page
- ♦ Charge of \$28.14 per quarter hour, or part thereof, or \$88.86 (whichever is the lesser) for a qualified health service provider to provide explanation or summary of health information

These charges are set by government regulations. A copy can be downloaded from <http://www.legislation.vic.gov.au>.

NB: Fees can be reduced or waived if evidence of hardship is provided.

Details of applicant:

Full name of person making this request:			
Date of birth:	Day	Month	Year
Name of person you are requesting information on:	Surname: Given Name/s:		
Date of birth of person you are requesting information on:	Day	Month	Year
Relationship to person you are requesting information on:	Your Relationship to Person:		
Your postal address:	Postal Address: Town: Postcode:		
Your telephone number/s:	Home: Mobile:		
Your email address:			

Details of applicant (cont.)

Form of access required:	I request a copy of the documents: Yes / No
	I request to inspect the documents: Yes / No
Please list any other information which will help us locate your medical record, for example date/s of admission, reason for admission; type of illness/surgery and/or specific parts of the medical record etc:	
Declaration: I understand that charges will be made in respect of this request and I will be supplied with a statement of charges that I will pay prior to receiving information.	
Signature: Date:/...../.....	

If you require further assistance, please contact the FOI Officer (Director of Clinical Services) on (03) 5484 4451.

Please return your FOI Application Form, \$29.60 application fee and a photocopy of your identification to:

FOI Officer (Director of Clinical Services)
Rochester and Elmore District Health Service
PO Box 202
Rochester Vic 3561

I,
(Name of person authorising release)

hereby authorise
(Name of authorised person)

to obtain a copy of the documents relating to on my behalf.

.....
Signature of Person Authorising Release

.....
Date