



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 Clinical Services) on (03) 5484 4451.

Please return your FOI Application Form, \$31.80 application fee and a photocopy of your identification to:

FOI Officer (Director 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