Rochester and Elmore District Health Service Freedom of Information Application

This form must be accompanied by:

- \$31.80 (non-refundable) application fee; and
- A photocopy of a form of identification which has a photograph (e.g. drivers licence); and
- Supporting documentation if you are applying for another person's information, e.g. power of attorney (POA).

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

- Application fee of \$31.80 (non-refundable)
- Search charge of \$23.85 per hour or part of an hour
- Supervision charge of \$23.85 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 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. Proof of right to access to be supplied i.e. medical power of attorney			
Your postal address:	Postal Address	::	
	Town:		Postcode:
Your telephone number/s:	Home: Mobile:		
Your email address:	WOONG.		



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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 m statement of charges that I will pay	ade in respect of this request and I will be supplied with a prior to receiving information.		
Signature:			
If you require further assistance, pl on (03) 5484 4451.	ease contact the FOI Officer (Director Clinical Services)		
Please return your FOI Application identification to:	Form, \$31.80 application fee and a photocopy of your		
	FOI Officer (Director Clinical Services) Rochester and Elmore District Health Service PO Box 202 Rochester Vic 3561		
I, <i>(Name</i>	of person authorising release)		
hereby authorise(Na	ame of authorised person)		
to obtain a copy of the documents behalf.	relating to on my		
Signature of Person Authorising Re	elease Date		