BENDIGO HEALTH

FREEDOM OF INFORMATION APPLICATION FORM

PATIENT DETAILS

Surname		Given Name(s)	
Street Address			
Suburb/Town		Postcode	
Phone			
Date of Birth		UR No. (if known)	
Email address			

APPLICANTS DETAILS (if different from above)

Surname		Given Name(s)	
Street Address			
Suburb/Town		Postcode	
Phone			
Email address			
Relationship to patient			📎 *Please attach supporting documentation*

For requests relating to children under the age of 16	Is the child subject to a Family Court Order? □ No □ Yes 📎 *Please attach copy of Court order*

DOCUMENTS REQUESTED

Indicate which campus(es) of Bendigo Health you require information from:

□ Bendigo Hospital Campus □ Anne Caudle Campus (Community Health) □ Mental Health Services

Common documents in a medical record include:

- Discharge Summaries
- Emergency Department notes
- Clinical / Progress Notes
- Operation Reports & Anaesthetic Records
- Radiology and Pathology results
- Correspondence and Referral Letters
- Care Plans
- Observation Charts
- Medication Records

Describe clearly the documents you wish to access (include date range, subject matter, types of documents):

………

………

………

………

………

Are you willing to receive edited documents?: YES / NO *(Please circle one)*

*Some documents you require may need to have some information deleted if it is exempt or irrelevant according to the Freedom of Information Act 1982 (Vic). If you are not willing to receive a copy of an edited document, the document will **not** be released.*

Form of access

□ Copy of documents; or

□ Inspect documents

Delivery of documents

□ Email (no delivery charge) *if possible, not all documents are electronic*

□ Registered mail ($11.00); or

□ Collection in person (no charge) *from main hospital, with photo ID*

Excellent Care. Every Person. Every time.

AUTHORITY TO ACCESS INFORMATION

Request for Information relating to another Individual

You must provide signed authority from the patient to release their information or you must provide evidence that you have the authority to access this information. If a patient is a child under the age of 16 and there are legal circumstances that may impact on the release of the child's information, evidence that you have the right to access the patient's information must be provided (ie. A copy of the Family Court Order).

        □ ⌀ Signed authority from patient

AND □ ⌀ Further evidence provided (if required):………………………………………………………………………………….

Request for information relating to a Deceased Individual

Where the patient is deceased, the patient's senior available next of kin must provide evidence that they are the next of kin (ie. Copy of the death certificate) and sign an authority to release the information if release is to a third party

        □ ⌀ Death Certificate

AND □ ⌀ Signed authority by Senior NOK (if release is to a third party)

FEES AND CHARGES

Application Fee:

A $31.80 application fee (non-refundable) must accompany this form before the processing of this request can begin. For waiver of the application fee, please provide a copy of your valid Health Care Card or Pension Card or other evidence of hardship.

Access Charge:

In addition to the Application fee, the following access charges may apply. If applicable, you will be notified by mail of the relevant charges, which must be paid before you can access the documents. **Do not pay these charges now**.

- search charge of $23.85 per hour or part of (excludes requests relating to personal affairs of the applicant)
- viewing charge of $23.85 per hour, calculated per ¼ hour or part of a ¼ hour
- document charge of 20 cents per A4 page
- radiology on USB charge of $10 per USB (includes reports)
- registered mail charge of $11.00

PAYMENT (For application fee $31.80)

Credit Card

□ Visa   □ MasterCard   □ Other (specify) _____

Credit Card Number:

				-					-					-				

Cardholder name: _____   Expiry Date: _ _ / _ _

Signature: _____   Amount: $31.80

CHECKLIST	SEND APPLICATION FORM TO:
□ Complete FOI application form	**Email:** foi@bendigohealth.org.au
□ Include $31.80 application fee (or evidence of hardship)	
□ Include applicant's photo identification that clearly shows your signature (ie. Copy of passport or driver's licence)	**Mail:** Freedom of Information Unit Bendigo Health PO Box 126 Bendigo VIC 3552
□ Include a copy of any relevant legal documents (ie. Death Certificate; Court Orders, patient authorisation)	

Applicant's Signature:	**Date:**