

**BENDIGO HEALTH FREEDOM OF INFORMATION APPLICATION FORM (2026 – 2027)**

**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	<i>Please attach supporting documentation</i>
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For requests relating to children under the age of 16	Is the child subject to a Family Court Order? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Please attach copy of Court order</i>
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**DOCUMENTS REQUESTED**

**Indicate which campus/campuses of Bendigo Health you require information from:**

Bendigo Hospital Campus     
  Allied and Community Health (incl Rehab)     
  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
  - Observation charts
  - Medication records

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

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**Reason for request (this will assist us to identify and locate documents relevant to your request):**

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

*Some documents may need to have information deleted if it is exempt or irrelevant according to the Freedom of Information Act 1982 (Vic). YES = the document will be released with any exempt material deleted and clearly marked      NO = the document may be refused in full*

<b>Form of access</b> <input type="checkbox"/> Copy of documents; or <input type="checkbox"/> Inspect documents	<b>Delivery of documents</b> <input type="checkbox"/> Email or collection in person from main hospital with photo ID; or <input type="checkbox"/> Registered mail (\$11.00 charge)
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