

Please return this form to:

Privacy and Information Release Unit
People, Culture and Governance
Bayside Health – Peninsula Care Group
PO Box 52
Frankston VIC 3199
Email: PIRU@phcn.vic.gov.au
Phone: (03) 9784 7748

ABN 52 892 860 159

Bayside Health – Peninsula Care Group Freedom of Information Application Form

Important information:

1. Application must be in writing, either by completing this application form or by writing a letter or email to the above mailing/email address. The request must include the patient's full name and date of birth.
2. Following receipt of a valid request, it may take up to 30 days to notify you of our decision regarding your request, in accordance with the *Freedom of Information Act 1982 (Vic)*. In some circumstances an extension may be sought.
3. Please note that your request will not be valid until the application fee is paid).
4. A copy of current photo ID with signature is required for all applications.
5. If you are requesting medical records and you are not the patient, documents evidencing your right of access must be provided (i.e. the patient's written consent and/or relevant legal documents i.e. birth/death certificate).
6. If the documents you seek contain information provided by third parties, we may need to consult with those third parties to seek their views on the release of the relevant documents. In these circumstances, your name may be shared with the third party.

Information required	Applicant details
Title	
Surname	
Given name(s)	
Relationship to patient	
Address	
Phone number	
Email address	

Information required	Patient details (if applicable/different to applicant details)
Title	
Surname	
Given name(s)	
Patient date of birth	
Address	
Phone number	
Email address	

Describe the information or corrections required

Note: that records prior to 2012 will not be supplied unless specified

Note: SAPSE review panel reports, Root Cause Analysis and In Depth Case Review documents cannot be requested under the *Freedom of Information Act 1982 (Vic)* or *Health Records Act 2001*.

Do you require copies of radiology images?

- YES
 NO

Some documents you request may be subject to redactions in accordance with *Freedom of Information Act 1982 (Vic)*. Are you willing to receive redacted documents?

- YES
 NO

Please indicate with a tick your preferred method for receiving requested documents:

- Electronic copy of documents sent via encrypted email to nominated email address
 Hardcopy documents sent via mail to nominated address

Fees and Charges

A non-refundable \$33.60 application fee must accompany all FOI applications. The application fee is reduced to \$16.80 for applicants who hold a current Health Care Card or Pension Card, presented with their application. Requests to waive fees, will be considered on a case by case basis, after the provision of further evidence of extreme financial hardship.

You will be notified of the access charges associated with your request once it has been processed. With the exception of postage, all other processing charges will be waived if an application fee has been reduced or waived.

No fees or charges apply to requests for corrections to records under Section 39 of the *Freedom of Information Act 1982 (Vic)*.

Fees and charges are set out below, in accordance with the *Freedom of Information Act 1982 (Vic)* and the *Freedom of Information (Access Charges) Regulations 2025*.

Fees and charges	Amount (\$)
Application fee	\$33.60 - Non-refundable
Application fee (concession*)	\$16.80
Photocopying, printing and scanning of documents (black and white only)	\$0.20 per A4 page
Electronic copies of documents sent via encrypted email	\$30.00
Radiology images sent electronically via encrypted email or USB	\$30.00
Document discovery and search time	\$22.50 per hour
Creation of written document	\$5.60 per 15 minutes
Summary of health information	\$28.50 per 15 minutes, or \$90.10 (whichever is lesser)
Postage (via registered post)	\$7.00 up to 500g (additional charges apply for international postage and/or bulky items)

*must present a current Health Care Card or Pension Card with application

Upon receipt of your request, we will contact you to arrange payment of the application fee. Your request is not valid until the application fee is paid. Please note Credit Card details are not held/stored by Bayside Health.

Applicant name	
Applicant signature	
Date	