

Please return this document to:

Privacy and Information Release Unit
Legal Services, Compliance and Risk
Peninsula Health
PO Box 52
Frankston Vic 3199

<p>OFFICE USE ONLY</p> <p>Date Request Received: _____</p> <p>Patient UR No: _____</p>

E-mail: PIRU@phcn.vic.gov.au

Telephone: 03 9784 7748

PENINSULA HEALTH FREEDOM OF INFORMATION ACCESS FORM

Important information.

- In line with the *Freedom of Information Act 1982 (Vic)*, Peninsula Health may take up to 30 days to notify you of its decision about the access to documents. In some circumstances an extension may be sought.
- 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.

1. Details of the applicant:

Surname _____ Given Name _____ Title _____

Relationship to the patient: _____

Address _____

Suburb _____ Post Code _____

Phone number during working hours _____

2. Details of the patient (if applicable):

Surname _____ Given Name _____ Title _____

Address _____ Date of Birth _____

Suburb _____ Post Code _____

Phone number during working hours _____

3. Details of request

Please indicate the facility from which you are requesting information.

- Frankston Rosebud Rehabilitation & Aged Care
 Psychiatry Other

Please describe clearly the information required:

Please indicate if you require a CD of radiology films:

- YES NO

Note: Films are only available for the last five (5) years.

4. FORM OF ACCESS (tick appropriate box)

- (a) I would like access to inspect the document (s).
- (b) I would like a copy of the documents (s).
- (c) I would like a correction made to my medical record.

CONTINUE ON REVERSE SIDE

LIST OF CURRENT FEES AND CHARGES:

FOI APPLICATION FEE: \$ 29.60

A reduced application fee of \$20.00 will apply to Centrelink health card, pension card or disability cardholders.

An FOI request will not be processed until an application fee is received

PROCESSING FEES:

PHOTOCOPYING CHARGES: \$ 0.20 per A4 sheet of paper

DIGITISED MEDICAL RECORDS \$0.20 per page

Please note: only records that are currently digitised are available on CD - older paper records will not be scanned to CD

RADIOLOGY FILMS ON CD: \$15.00

You will be notified of the exact amount to be paid for the above charges once we have processed your request.

Centrelink health card, pension card or disability cardholders are exempt from the above processing fees but in order to claim the exemption, a copy of the card must be provided with the application.

POSTAGE CHARGES*: \$ 7.00 (via registered post)

* Postage of the documents may incur an additional fee in cases where the request encompasses greater than 200 A4 pages

* All applicants will be responsible for costs associated with postage.

PAYMENT METHOD

1. Cheque or money order made payable to Peninsula Health. (ABN 52 892 860 159)

2. Credit card payment:

Cardholder Name: _____

Type of Card: (please circle) VISA BANKCARD MASTERCARD

Card Number: _____

Expiration Date: _____/_____

Amount: \$ _____

Before submitting your request be sure to have the following attached:

- Appropriate identification-photo ID (required of all applicants seeking information)
- Application fee (unless exempt)
- Evidence of grounds for reduction of the application fee (if seeking reduction)
- If you are requesting medical records and you are not the patient then documents supporting the right of access must be provided (i.e. patient consent or any relevant legal documents).

Applicant's Signature _____

Date: _____