



Peninsula  
Health

**Please return this form to:**

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

**E-mail:** [PIRU@phcn.vic.gov.au](mailto:PIRU@phcn.vic.gov.au)

**Telephone:** 03 9784 7748

**OFFICE USE ONLY**

**Date Request Received:** \_\_\_\_\_

**Patient UR No.** \_\_\_\_\_

**PENINSULA HEALTH FREEDOM OF INFORMATION ACCESS FORM**

**Important information.**

1. Application must be in writing, either by completing a Peninsula Health FOI application form or by writing a letter or email. The request should include the patient's full name and date of birth of the patient so that the medical record can be correctly identified.
2. In line with the *Freedom of Information Act 1982 (Vic)*, after receiving a valid request, 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. (Please note that your request will not be valid until the application fee is paid.)
3. A copy of current photo ID with signature is required for all applications.
4. If you are requesting medical records and you are not the patient then documents supporting your right of access must be provided (i.e. the patient's written consent and, if applicable relevant legal documents i.e. birth/death certificate).
5. 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.

**Personal details**

<b>Information required</b>	<b>Details of the Applicant</b>	<b>Details of the patient (if applicable):</b>
<b>Title</b>		
<b>Given name</b>		
<b>Surname</b>		
<b>Relationship to patient</b>		
<b>Patient's date of birth</b>		
<b>Address</b>		
<b>Phone number</b>		
<b>Email address</b>		

Please describe clearly the information or correction required (Records prior to 2012 are not provided unless specified):

---



---



---



---



---

Please indicate if you require copies of radiology images.

YES       NO

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

YES       NO

**Access type**

Type of access	Please choose method of access by placing a 'X' in the box below
I would like a paper copy of the document(s) sent to my nominated address.	
I would like an electronic copy of the document(s) send via mail on a CD	
<p>I would like an electronic copy of the document(s) sent via an encrypted email to my nominated email address.</p> <p><i>By nominating this option, you acknowledge that Peninsula Health is not responsible for access to personal and/or health information by unintended recipients with access to the nominated email account.</i></p>	

**Fees and Charges**

A \$31.80 application fee must accompany all FOI applications. The application fee is reduced to \$15.90 for applicants who hold a current Health Care Card or Pension Card and can provide a copy of their current Health Care Card or Pension Card with the application. Requests to waive fees, will be considered on a case by case basis, after the provision of further evidence of financial hardship. Upon receiving your request, we will discuss these requirements with you.

You will be notified of the 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.

Please note that no fees or charges apply to requests for amendments of records.

Type	Cost
Application Fee – non refundable	\$31.80
Reduced application fee (for current concession card holders) -- non refundable	\$15.90
Photocopying, printing or scanning of documents (black and white copies only)	20c per A4 page
Copies of documents provided via encrypted email. (additional scanning charges apply when providing scanned paper records over 100 pages)	\$30
Radiology images provided via encrypted email.	\$30
Copies of digital documents provided on CD/DVD	\$30 (plus \$10 per additional disc)
Radiology images provided on a disk	\$30 (plus \$10 per additional disc)
Search time (if applicable)	\$22.50 per hour
Creation of a written document	\$5.60 per 15 minutes (or part thereof)
Summary of health information	\$28.50 per 15 minutes (or part thereof); or \$90.10, whichever is lesser
Postage (via registered post)	\$7 up to 500gm (additional charges apply to international destinations and/or heavier items)

Upon receipt of your request, a staff member from Peninsula Health will be in contact with you to arrange payment of the application fee / access charges. Please note Credit Card details are not held/stored by Peninsula Health post processing of application.

**Applicant signature** \_\_\_\_\_

**Date** \_\_\_\_\_