

Please return this document to:  
**The FOI Officer, PENINSULA HEALTH**  
**PO Box 52**  
**FRANKSTON, VIC 3199**  
Telephone: 03 9784 7599  
Facsimile: 03 9784 2330  
E-mail: foihis@phcn.vic.gov.au

**OFFICE USE ONLY**

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

Patient UR No: \_\_\_\_\_

**PENINSULA HEALTH FREEDOM OF INFORMATION ACCESS FORM**

**1. DETAILS OF THE PATIENT:**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Phone number during working hours \_\_\_\_\_

**If you are not the patient, please give your details below:**

Please note: If the applicant is not the patient of the request for personal information then the consent of the patient must be provided.

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Phone number during working hours \_\_\_\_\_

**2. 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.

**THIS FORM MUST BE SIGNED BY THE APPLICANT AND  
ACCOMPANIED WITH THE APPLICATION FEE AND  
APPROPRIATE IDENTIFICATION. ---- SEE REVERSE SIDE.**

**3. 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 to be made to my medical record.

**LIST OF CURRENT FEES AND CHARGES:**

**FOI APPLICATION FEE: \$ 28.40**

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

---

**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**

**Centrelink health card, pension card or disability cardholders are exempt from the above charges 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 to pay for 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 applicant is not the patient, written consent of the subject or any relevant legal papers indicating authority of access

**Applicant's Signature** \_\_\_\_\_

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

According to the *Victorian Freedom of Information Act 1982*, Peninsula Health may take up to 30 days to notify you of its decision about access to documents. In some scenarios this timeframe may be extended in line with Section 21 of the FOI Act.