

Freedom of Information Application



Patient Details			
Mr / Mrs / Miss / Ms / Dr	Surname:	Given Names:	
Surname at the time of admission/episode (if different from above)			
Date of Birth: / /	Phone Numbers:	Home:	Mobile:
Address:			
Email:			
Are you applying for information about another person?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe your relationship to this person			
Applicant Details			
Mr / Mrs / Miss / Ms / Dr	Surname:	Given Names:	
Phone Numbers:	Home:	Mobile:	
Address			
Email:			
<p><i>If you are applying in respect to someone else, you must provide consent from the patient or identification which clearly shows that you are the senior next of kin to the patient e.g. birth certificate, marriage certificate or death certificate in addition to providing personal identification. If you are not the senior next of kin, you must provide written authorisation from the patient or senior next of kin permitting you to access the information.</i></p>			
Common Documents in Medical Records are:			
Discharge Summaries	Emergency Department Notes	Progress Notes	
Care Plans	Observation Charts	Medication Records	
Operation Reports	Anaesthetic Records	Mental Health Notes	
Details of Request			
Describe clearly the documents you wish to access (include dates, location, subject matter or any other information which would help identify the document(s))			
Form of Access			
Inspect the document(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of the document(s) on paper	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of the document(s) via email	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copies of the Radiology Images	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you require further information please contact the Freedom of Information Officer on (03) 5461 0333 during normal business hours.

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Fees and Charges

I understand that charges may apply under the [Freedom of Information Act 1982 \(Vic\)](#) and that I will be supplied with an invoice for applicable fees and charges. I also understand that I will have to supply proof of identification.

Concessional Information

The application fee will be waived if you provide details of your pension or healthcare card, however production (photocopying etc.) costs may still apply. Please ensure you attach to your request a copy of your pension or healthcare card.

Application Fee:	\$31.80 (non-refundable)
Search and Retrieval Fee (off-site)	\$23.90 per hour or part thereof
Supervision:	\$23.90 per hour or part thereof
Scanned Pages:	\$0.20 per page
Postage Charges:	Current postage charges apply

Applicants Signature:

Date:

Checklist Information: Please ensure tht the following is submitted

- Application Form
- Copy of Certified Photo Identification
- Pension or Healthcare Card (If applicable)
- Patient Consent or proof of senior next of kin (for applications by those who are not the patient)

Once your request is received you will subsequently receive an invoice for payment calculated in accordance with the schedule listed above

Please return application to:

Health Information Services
ATT: Freedom of Information Officer
Maryborough District Health Service
75-87 Clarendon Street
Maryborough VIC 3465
Phone (03) 5461 0333
Fax (03) 5461 4489
Email: MedicalRecords@mdhs.vic.gov.au

What is the Freedom of Information process?

Approval Process

All health records undergo an appropriate review prior to release. Approval for release will be sought only after that review and valid authority provided. If the medical records are not your personal records, you must include the authority of the patient (or if deceased, their senior next of kin).

Notification of Approval

We will notify you by mail/phone of our decision, usually within 30 days of receiving the request (unless further time is allowed by the FOI Act)

If you require further information please contact the Freedom of Information Officer on (03) 5461 0333 during normal business hours.