



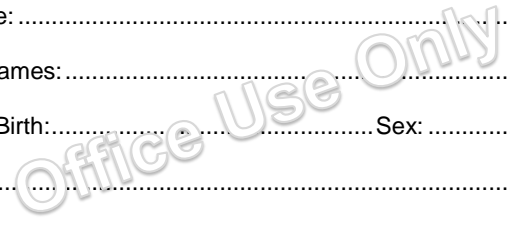
# FREEDOM OF INFORMATION APPLICATION

Surname: .....

Given Names: .....

Date of Birth: ..... Sex: .....

UR No: .....



(AFFIX PATIENT LABEL HERE)

### Patient Details

Surname	Given Name(s)
Address	
Phone (home)	Phone (other)
Date of Birth	UR No. (if known)

### Applicant Details (if different to above)

Copy of identification is mandatory for example: current drivers licence or passport

Surname	Given Name(s)
Address	
Phone (home)	Phone (other)
Relationship to patient	Attach copy of any relevant legal documents (e.g. guardianship order)

**Please complete the following section if seeking access to a medical record other than your own. The patient must sign the below authorisation. Where the patient is deceased, the patient's senior available next of kin who is of or above the age of 18 is required to sign the authorisation. (Proof of this relationship is required)**

I, \_\_\_\_\_ of \_\_\_\_\_  
*(Patient or Next of Kin)* *(Address)*

do hereby authorise West Gippsland Healthcare Group to release information from \_\_\_\_\_  
 medical record to the aforementioned applicant. *(Patient Name)*

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(Signature of Patient or Next of Kin)*

- If the patient is a child and a family court order is in place, please provide a copy.
- If the patient is deceased, please provide a copy of the death certificate.

### Documents Requested

- Discharge Summary dated \_\_\_\_/\_\_\_\_/\_\_\_\_
- Emergency Department attendance dated \_\_\_\_/\_\_\_\_/\_\_\_\_
- Admission dated \_\_\_\_/\_\_\_\_/\_\_\_\_
- Part of medical record (please specify) \_\_\_\_\_
- Outpatient notes dated \_\_\_\_/\_\_\_\_/\_\_\_\_
- Radiology/ Pathology results dated \_\_\_\_/\_\_\_\_/\_\_\_\_

### OR

- Complete medical record
- Site/s Attended** (please select)
- WGHG Hospital Campus
- WGHG Community Health
- WGHG Allied Health
- WGHG District Nursing Service
- Other e.g. Aged Care Facility (please specify) \_\_\_\_\_



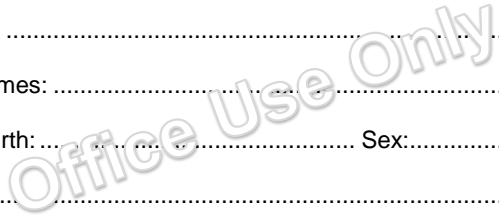
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Given Names: .....

Date of Birth: ..... Sex: .....

UR No: .....



(AFFIX PATIENT LABEL HERE)

### Type of Access Requested

Photocopy (if available – see notes below)       View the original documents

Other (please specify) \_\_\_\_\_

**Note:** When information is only held electronically, it will be produced on a CD unless a paper copy is requested.  
When information is only held in paper format it will be produced as a paper copy.

### Fees and Charges

#### Application Fee

A **\$29.60 non-refundable application fee** must accompany this form before the processing of this request can start.

#### Access Charges

In addition to the application fee, the following access charges may apply. If applicable, you will be notified by mail of the relevant charges, which must be paid before you can access the documents. Do not pay these charges now.

#### Concessions

If you are the holder of a current Health Care/ Pension card or Department of Veterans Affairs (DVA) card, the application fee will be waived. Photocopying fees are as below. To be entitled to the concession rate please provide a photocopy of your valid Health Care Card, Pension Card, DVA card or other evidence of hardship.

**Search and retrieval charges**      \$20.90 per hour or part of an hour

**Supervision charges**      \$5.10 per quarter hour

**Photocopying charges**      20 cents per black and white A4 page

**Postage**      \$11.50

### Payment Methods (for application fee \$28.40, please tick payment method)

Cheque      Make cheque payable to **"West Gippsland Healthcare Group"**.

Cash      Payable to Cashier Office between 8:30am & 5:00pm weekdays.  
Do not post cash.

Credit Card      We accept credit card payments over the phone, please call 5623 0794.

### FOI Application Completion Checklist

- Complete all relevant sections of this form, including signature and date below
- Include \$29.60 application fee **OR** copy of application's valid Health Care Card, Pension Card or DVA Card (for concession rate)
- Attach **Applicant's** identification that shows their signature (e.g. copy of driver's licence or passport)
- Attach copy of any relevant legal documents (e.g. Power of Attorney, Guardianship order, Family Court order, Death Certificate)

### Return completed applications to the FOI Service at West Gippsland Healthcare Group:

Postal Address: Freedom of Information  
Health Information Services  
West Gippsland Healthcare Group  
41 Landsborough Street  
Warragul Vic 3820

Email: [info@wghg.com.au](mailto:info@wghg.com.au)  
Phone: (03) 5623 0611  
Website: [www.wghg.com.au](http://www.wghg.com.au)

### Please Note:

- Your application will be processed in accordance with the *Freedom of Information Act 1882* (FOI Act).
- Your information will be used to process this request and will be handled in accordance with Victorian privacy laws.
- Once West Gippsland Healthcare Group (WGHG) has received your FOI request (provided it is in writing, clearly identifies the documents requested and is accompanied by the application fee or documents to support concession rate) WGHG must respond to you in writing as soon as practicable but not later than 45 days outlining its decision on your request.
- We have a maximum of 30 days to process your request from the date it is received. You do not have a right to access documents that fall within one of the 'exemption' categories in the FOI Act.
- Any documents released to you can be picked up or sent to you via registered post.
- If you are not satisfied with the decision, you have the right to seek a review from the Freedom of Information Commissioner at [foicommisioner.vic.gov.au](http://foicommisioner.vic.gov.au)

If you have any queries, please contact the FOI Service (contact details above).

Applicants Name (please print):

Applicants Signature:

Date:

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