

Freedom of Information Application Form

Applicant's Details

Mr / Mrs / Ms / Miss _____ First name _____ Surname _____

Agency (if applicable) _____

Postal address _____

_____ Post code _____

Phone – Business _____ Home _____ Mobile _____

Relationship of applicant to patient (e.g. self, parent, solicitor) _____

Copy of photo identification attached – must include signature (current driver's licence and passport accepted)

Patient Details

First name(s) _____ Surname _____

Date of Birth ____/____/____ Patient UR Number (if known) _____

If the patient is aged 16 and over and not the applicant, an authority to release information must be completed (see over page).

Information Requested

Complete medical record

Part of the medical record – please specify below:

Date(s) of attendance (if applicable) _____

Information required (e.g. details of an admission, operation, test results)

Other – please specify below or attach a separate sheet with details:

Amendment to medical record (please provide attached letter explaining the amendment)

I wish to (tick one box):

obtain copies of the documents

OR

inspect the requested documents

Authority to Release Medical Records

The following is to be completed by the:

- Patient – when the patient is 16 years or older and **not** the applicant
- Next of kin – when the patient is deceased (proof of relationship required)

I, _____ of _____
(Patient or Next of Kin) (Address)

do hereby authorise The Royal Victorian Eye & Ear Hospital to release information from
 _____'s medical record to the Applicant.
(Patient's name)

(Patient/Next of Kin signature) Date ____/____/____

Fees

I understand that the following charges will be made in respect to this request as per the *Freedom of Information (FOI) Act 1982 (Vic.)*:

Application fee – the application fee is a fixed cost which is non-refundable. The only exception is for people suffering financial hardship who may ask the Hospital to waive the application fee.	\$28.90
Search and retrieval fee	\$5.00
Photocopying/printing (black & white)	20¢ per page
Photographs	\$5.00 per photo
Supervised viewing	\$27.00 per ¼ hour (\$85.20 max.)

I would like to request the application fee waived due to financial hardship and have attached a photocopy of the front and back of my current health care/pension card

A statement of charges will be supplied to the Applicant when the medical record has been located. I agree to pay these charges before the Hospital releases the documents.

I understand that under the *FOI Act*, some information may be exempt from release and relevant parties will be notified of these exemptions and rights of appeal during the processing of this request. The Applicant will be notified of a decision as soon as practicable within 30 days of receiving the fully completed and valid request.

I understand that the record remains the property of the Royal Victorian Eye & Ear Hospital as per the *FOI Act*.

Print name _____ Signature _____ Date ____/____/____

Please return this application with supporting documentation to:

Freedom of Information Office OR Email: FOI@eyeandear.org.au
 Health Information Services
 The Royal Victorian Eye & Ear Hospital OR Fax: 9929 8228
 Locked Bag 8
 East Melbourne VIC 8002 Enquiries: 9929 8230

Office Use Only

Date received _____	Application fee \$28.90	Invoice no. _____
Receiver's initials _____	Photocopy charge \$ (@ 20¢ per b&w page)	Date notification and invoice sent _____
Approved by _____	Search fee \$5.00	Payment received date _____
Date approved _____	Photography \$	Reason for no charge _____
	X-rays \$	Original request filed <input type="checkbox"/>
	Supervised viewing \$	Completed request filed <input type="checkbox"/>
	Total charge \$	