

FREEDOM OF INFORMATION REQUEST

I, DOB: ____/____/____,

request information regarding myself or

on behalf of..... DOB: ____/____/____,

If the records are not your personal records, you must include the authority of the individual or their legally authorized representative.

Please tick (✓):

- | | |
|--------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Accident & Emergency Medical Record | Approximate date of attendance: ____/____/____ |
| <input type="checkbox"/> Inpatient Medical Record | Approximate date of attendance: ____/____/____ |
| <input type="checkbox"/> District Nursing Medical Record | Approximate date of attendance: ____/____/____ |
| <input type="checkbox"/> Aged Care Medical Record | Approximate date of attendance: ____/____/____ |
| <input type="checkbox"/> Complete Employment Record | Approximate date of employment: ____/____/____ |

Please provide a copy of one of the following forms of identification:

- Driver Licence Medicare Card Pension Card Birth Certificate Passport

My contact details are:

Mobile:..... Home/Work Phone:..... Email address:

My postal address is:

..... State:Postcode.....

Application Costs

- **Application fee** - \$ 30.60 (non- refundable unless fee is waived) This fee is adjusted 1st July

Access Costs

- **Search charges** - \$20 per hour or part of an hour
- **Supervision charges** - \$5 per quarter hour
- **Photocopying charges** - 20c per black and white A4 page
- **Providing access in a form other than photocopying** - The reasonable costs incurred by the agency in providing the copy.
- **Charge for listening to or viewing a tape** - The reasonable costs incurred by the agency in deciding to listen to or view. (Supervision charges also apply)

I agree to pay the application fee of \$ *This fee may be waived if payment is likely to cause financial hardship. Evidence of financial hardship such as a copy of a health care card or pensioner concession card must accompany the request.*

Requestor's Signature:..... Date: ____/____/____

Requests will be confirmed as soon as possible, and processed within 45 days. All documents will be forwarded by registered mail, or secure email unless pick up is arranged.

OFFICE USE ONLY:

Authorised by: Designation:.....

Signature:.....Date:...../...../.....