Kilmore District Health

1 Anderson Road, PO Box 185, Kilmore VIC 3764
t. (03) 5734 2000 f. (03) 5734 2120
kilmoredistricthealth.org.au

FOI Amendment Application

Patient Details

Surname:……Given Names:……..

Address:……State:……Post Code:…….

Phone number:…… Email Address:……

Date of Birth: ……/……/……

Applicant (if different to the above)

Surname:……Given Names:……..

Address:……State:……Post Code:…….

Details of Amendment

The document/s described below contain/s information that is:

Please tick: ☐ Incomplete ☐ Incorrect ☐ Out of Date ☐ Misleading

List the documents here:

……
……
……
……
……

Describe what information requires changing and why?

……
……
……
……
……
……

Attached: *(please tick)*

☐ Copies of relevant medical record documents that have been clearly marked
☐ Copies of other documentation that supports your claim

Authority to Amend a Medical Record

Request Relating to Your Own Medical Record

Signed: …… Date: ……./……./……..
(applicant/patient signature)

☐ Photo Identification provided: ……
(type of identification)

Request for Records Relating to Another Person

- The patient must sign this authority **or** you must provide evidence that you have the authority to make this request. Any additional information can be provided in the space below.
- If the patient is a child and there are legal circumstances that impact on the release of the child's information, provide evidence that you have the right to make this request. Any additional information can be provided in the space below.
- In relation to a deceased patient, the right to make this request by the most senior available next of kin is not guaranteed. To assist us in assessing your application and making an informed decision, please explain why you believe your request is reasonable.

I, ……of……..
(Patient or Next of Kin) *(Address)*

Hereby authorise Kilmore District Health to release information about ……
(Patient's Name / Myself)

to the aforementioned applicant.

Signed: …… Date: ……./……./……..
(Patient / Next of Kin signature)

Additional Information:

……
……
……
……
……
……

Specify the evidence provided (e.g. Death Certificate): ……

Send application to:

Mail: FOI Officer
Kilmore District Health
P.O. Box 185
KILMORE VIC AUSTRALIA 3764

Telephone: 03 5734 2000

OR

Email: KDHFreedomofInformation@kilmorehealth.org.au