

For Internal Reference Only:

UR No: _____

Reference No. : _____

Freedom of Information Application Form

Patient Details

Identification is mandatory (Drivers licence or Passport). Attach a copy of original, sign and date that the original was sighted on the attachment.

Title: _____ **Given Name:** _____ **Surname:** _____

Date of Birth: _____

Address: _____

Suburb / Town: _____ **State:** _____ **Post Code:** _____

Telephone: _____ **Mobile:** _____

Email Address: _____

What records do you need?

- Urgent Care Records _____
- Inpatient Records _____
- Yarram Medical Centre Records _____
- Community Records _____
- Other (Please Specify) _____

I seek a copy of **PART** of the Records

I seek a copy of **ALL** of the Records

I wish to inspect the records (arrangements can be made to view the records during standard business hours – charges apply. We will contact you when the records are ready for inspection)

Details of Information Required (attach additional pages if required)

If the applicant is **NOT** the patient we will require the following section to be completed and:

1. Applicant's personal identification (drivers licence or passport, etc)
2. The patients written authorisation to access the patient's records OR
In the case of a deceased person, the consent of the person's senior available next of kin who is of, or above, the age of 18 years is required **(Proof required)**

Applicants Full Name:

Applicants Address:

Suburb / Town:

State:

Post Code:

Telephone:

Mobile:

Email Address:

Do you have the patient's authority to access his/her medical records?

YES (please provide written consent)

What is your relationship to the patient? **(Proof required)**

FEES AND PAYMENT INFORMATION (2022/2023)

Application Fee: \$30.60 (non-refundable and must accompany the application)

Search Fee: \$22.94 per hour

Photocopying: \$0.20 cents per A4 page (black and white)

Viewing Records: \$22.94 per hour

PAYMENT METHODS

Cheque: Made payable to Yarram & District Health Service

Cash & Credit Card: Payable at main reception between 8.30am and 5.00pm weekdays

How long will this process take?

The applicant will be notified of a decision as soon as practicable within 30 days of receiving the fully completed request and identification documents. Further information can be found at:

<https://ovic.vic.gov.au/>

Please sign and date the completed application form and bring it into YDHS with accompanying photo identification (Drivers Licence or Passport) to:

Freedom of Information Officer
Yarram & District Health Service
PO Box 61
Yarram VIC 3971

Print Name:

Signature:

Date:
