



## RELEASE OF HEALTH INFORMATION

### Application Fees

- **Application fee** - \$28.40 (non- refundable unless fee is waived) cheque or money order please

### Access Charges

- **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 and postage/freight according to weight
- Includes copies of medical records or information from medical record or emergency department card. Also includes time of birth searches.
- Service fee for written report \$125
- If information is more than 15 years old, we may no longer have it (files may be destroyed if record has not been used for 15 years for an inpatient and 12 years if patient deceased)
- Request must be in writing and include the following information of the patient:
  - full name including maiden name or any other name which may have been used by the patient
  - full name and date of birth of mother if relating to date/time of birth
  - date of birth of patient
  - information which is required
  - signature
  - return address and phone number
- If the information is for a person other than the applicant the relationship to the patient must be given
- Legislation allows for 45 days for a response
- Applications to be addressed to:

Freedom of information  
East Grampians Health Service  
PO Box 155  
Ararat Vic 3377  
[foi@eghs.net.au](mailto:foi@eghs.net.au)



## FREEDOM OF INFORMATION REQUEST

DETAILS OF APPLICANT	
Surname:	
Given Names:	
Date of Birth:	
Postal Address:	
	Post Code:
Home phone:	Business Phone:
Email:	
IF INFORMATION IS FOR PERSON OTHER THAN SELF	
<b>(PLEASE NOTE: Authority from patient is required via signature or medical power of attorney)</b>	
<b>Access required to information about:</b>	
Name:	
Postal Address:	
	Post Code:
Relationship to Applicant:	
Date of Birth:	
Date of last admission (if known):	
<b>Signature of patient:</b>	
<b>OR</b> <input type="checkbox"/> certified copy of medical power of attorney attached	
DESCRIPTION OF SPECIFIC INFORMATION REQUIRED WHERE POSSIBLE (e.g. medical record, reports, etc):	
IF REQUESTING TIME OF BIRTH:	
Mother's name at time of birth:	
PAYMENT	
I enclose the sum of \$28.40 being the application fee. I understand additional costs may be incurred for the provision of copies or for time spent reviewing documents with Health Professionals.	
Signature:	Date:

Further information can be obtained from: <http://www.foi.vic.gov.au/>