

# FREEDOM OF INFORMATION REQUEST

Under the Freedom of Information Act 1982 (Vic) (FOI Act), every person has the right to request access to documents held by Victorian public sector agencies. This right of access is subject to exceptions and exemptions necessary to protect public and private interests.

## Making a valid request

Under section 17 of the FOI Act, a request must meet three requirements to be valid:

1. Your request must be in writing;
2. You must provide sufficient information about the documents you are requesting to enable us to identify and locate relevant documents; and
3. You must pay the **application fee**, or if payment of the application fee would cause you hardship you can request us to waive the fee in full or in part.

	Fee (From 01/07/2023)
Application fee	\$31.80

For more information on how to make a valid freedom of information (FOI) request, visit the Office of the Victorian Information Commissioner's (OVIC) website [www.ovic.vic.gov.au](http://www.ovic.vic.gov.au).

## After you submit a request

After you submit a request, we will assess whether it meets the requirements outlined in section 17 of the FOI Act. If we determine that your request is not valid, we will notify you within **21 days** from the date we received your request and provide you with assistance to help you make the request valid. If your request is valid, we will begin processing it.

## Timeframes

We have **30 days** from the date you make a valid request to provide you with a decision. However, we can extend this time by up to 15 days if we need to consult with a third party whose information may be contained in the requested documents. We may also extend this time by up to 30 days with your agreement. We will let you know if the timeframe changes.

## Other charges

We may require you to pay certain charges before access is provided to the requested document(s).

	Prices (From 01/07/2023)
Search charge	\$23.85 per hour
Photocopying charges (A4 black and white)	0.20 cents per A4 page
Supervision fee (If you would like to view the records in person)	\$23.85 per hour

## Collection use and disclosure of your personal information

East Grampians Health Service (EGHS) will collect your personal information on the Freedom of Information Request form for the purpose of processing your Freedom of Information request. Your personal information collected will be used to assess the information being requested, verify your identity and for contact purposes.

We may notify and consult with third parties in considering whether an exemption under 29, 31, 31A, 33, 34 or 35 for the FOI Act applies. This may involve disclosing details such as your name, the terms of your request, and the documents falling within the scope of your request that concern relevant third parties. If necessary, we may transfer your request under section 18 of the FOI Act to another agency who is better placed to handle your request. We will notify you if we do this.

Your personal information is required by EGHS under the Freedom Of Information Act 1982 (Vic) and Health Records Act 2001 (Vic) to be provided in order for us to release information. You have the right to not disclose your personal information. However, we may not be able to process your request without sufficient information.

You can contact the Health Information Services Department on 5352 9300 or alternatively by email at [foi@eghs.net.au](mailto:foi@eghs.net.au) if you have any queries about the process and/or the information we collect.

# FREEDOM OF INFORMATION REQUEST

## CONTACT DETAILS – APPLICANT

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other:

Given names:

Surname:

Previous/Maiden Name

*(If requesting documents under this name):*

Date of Birth:        /        /

Contact Numbers: Ph:

Mobile:

Email Address:

**(Please note that we will not send patient records via email, but will use this to communicate with you)**

Postal Address:

Suburb:

State/Territory:

Postcode:

Preferred Contact Method: Phone ☐

Mobile ☐

Email ☐

Do you need an interpreter? Yes ☐ No ☐ If yes, what language? \_\_\_\_\_

## DETAILS OF REPRESENTATIVE (IF INFORMATION IS FOR PERSON OTHER THAN SELF)

*If you are using a representative like a parent, guardian, lawyer or any other person who is acting on your behalf, please advise who they are. If you are completing this form as the applicant's representative, advise who you are.*

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other:

Given names:

Surname:

Contact Numbers: Ph:

Mobile:

Email Address:

**(Please note that we will not send patient records via email, but will use this to communicate with you)**

Postal Address:

Suburb:

State/Territory:

Postcode:

Relationship to applicant:

Preferred Contact Method: Phone ☐

Mobile ☐

Email ☐

## YOUR AUTHORITY FOR REPRESENTATIVE TO ACT (IF APPLICABLE)

*Please complete this section if a representative is assisting you with your request and attach a certified copy of your photo identification with this authority to act.*

I give permission and authorisation for my representative to act on my behalf and have access to any information concerning my request.

Applicant	Representative
Name:	Name:
Signature:	Signature:
Date:    /    /	Date:    /    /
Witness	Witness
Name:	Name:
Signature:	Signature:
Date:    /    /	Date:    /    /

## DOCUMENTS REQUESTED

Please identify, describe or outline the document(s) you are seeking access to.

Medical Record: ☐    Reports: ☐    Other(Please Specify):

Please outline if there are specific documents you are seeking (i.e – Operation report, discharge summary etc) and the date range of these records. If exact dates are unknown, the year is helpful to determine where your records are kept. If you are requesting your whole Medical Record in its entirety, please clearly state this below.


## ADDITIONAL INFORMATION (OPTIONAL):

*Please provide background or contextual information to assist us in processing your request. This could include your reasons for seeking access to the document(s) and what you intend to do with the document(s). It may assist us to identify other ways you may access the requested document(s) outside of the FOI Act.*

## PROOF OF IDENTIFICATION

- If the documents you are seeking access to relate to you personally, you may need to provide us with a certified copy of your identification. We may not be able to provide access to the requested document(s) if we cannot verify that you are the person who is the subject of the document(s).
- A 'certified copy' means that the copy has been verified as a true copy of an original document which is done by an *Authorised Certifier* (i.e – Pharmacist, Police Officer).  
Visit [www.justice.vic.gov.au/certifiedcopies](http://www.justice.vic.gov.au/certifiedcopies) for a full list of people authorised to certify copies of original documents.
- If you are requesting personal documents that were under a different name (i.e – Maiden name), you may also need to provide proof of name change.

Certified copy of identification attached? Yes ☐ No ☐

## FORMS OF ACCESS

*Please tell us how you would like to receive a copy of the document(s) we decide to release to you. We will try to accommodate your request but may have to provide access in another way. We cannot e-mail documents.*

Sent by post: ☐ Pick up: ☐ Other: \_\_\_\_\_

Inspecting document(s) in person (*supervision charges apply*): ☐

## APPLICATION FEE

*The application fee for making a request for access under section 17 of the FOI Act is **\$31.80**. You can pay the application fee by money order, cheque or EFTPOS.*

*Alternatively, if paying the application fee would cause you hardship, you may request that we waive the application fee. If you request a waiver, please provide evidence to show why paying the fee would cause you hardship (i.e – Concession/Health Care card). We will assess your fee waiver request and let you know the outcome.*

☐ I enclose the sum of \$31.80 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:    /    /

### OR

☐ I believe that the fees incurred will cause me hardship and I would like to request that these fees be waived in full or in part (Please circle).

Evidence attached? Yes ☐ No ☐

Signature: \_\_\_\_\_ Date:    /    /

## Submitting Requests

*You can send your request by email or post. If you are unable to send your request via these methods, please contact us to discuss other options.*

**Email:** [foi@eghs.net.au](mailto:foi@eghs.net.au)

**Post:** Freedom of Information

East Grampians Health Service

PO Box 155

Ararat, Vic, 3377

## Further Assistance

If you have a question about making a request or want to discuss your request further, please contact us on (03) 5352 9300 or [foi@eghs.net.au](mailto:foi@eghs.net.au) .

More information about the Freedom of Information process can also be found at: <https://ovic.vic.gov.au/>