

FREEDOM OF INFORMATION APPLICATION

Page 1 of 2

UR Number: _____
 Surname: _____
 Given Name: _____
 Date of Birth: ____/____/____ Sex: M / F
 Affix Hospital ID Label If Available

Patient Details

Surname	CROFTS	Given Name(s)	DAVID ASHLEY SUTTON
Address	23 BRISBANE STREET BERWICK VIC. 3806		
Phone (home)	(03) 9707 4594	Phone (other)	0437 074 594
Date of Birth	23/02/1961	UR No. (if known)	

Applicant Details (If different to above)

Copy of identification is mandatory; for example: current drivers licence or passport

Surname		Given Name(s)	
Address			
Phone (home)		Phone (other)	
Relationship to patient	Attach copy of any relevant legal documents (e.g. guardianship order)		

Please complete the following section if seeking access to a medical record other than your own. The patient must sign the below authorisation. Where the patient is deceased, the patient's senior available next of kin who is of or above the age of 18 is required to sign the authorisation. (Proof of this relationship is required)

I, _____ of _____
(Patient or Next of Kin) (Address)

Do hereby authorise Monash Health to release information from _____
 medical record to the aforementioned applicant (Patient Name)

Signed _____ Date ____/____/____
(Signature of Patient or Next of Kin)

- If the patient is a child and a family court order is in place, please provide a copy.
- If the patient is deceased, please provide a copy of the death certificate

Documents Requested

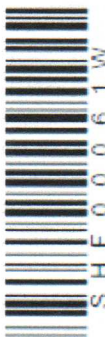
- Emergency Department attendance dated ____/____/____
- Admission dated ____/____/____
- Part of medical record (please specify) STATEMENT DETAILING THE SERIOUS CONCERNS REGARDING MY HEALTH PRIOR TO C.A.T. VISIT.
- Outpatient notes dated ____/____/____
- Radiology/ Pathology results dated ____/____/____

OR

- Complete medical record

Site/s Attended

- | | |
|---|--|
| <input type="checkbox"/> Monash Health - Monash Medical Centre Clayton | <input type="checkbox"/> Hampton Rehabilitation Hospital |
| <input type="checkbox"/> Monash Health - Moorabbin Hospital | <input type="checkbox"/> Mordialloc & Cheltenham Community |
| <input type="checkbox"/> Monash Health - Dandenong Hospital | <input type="checkbox"/> Heatherton Hospital |
| <input checked="" type="checkbox"/> Monash Health - Casey Hospital (13/05/2015) | <input type="checkbox"/> Queen Victoria Hospital |
| <input type="checkbox"/> Monash Health - Kingston Centre | <input type="checkbox"/> Prince Henry's Hospital |
| <input type="checkbox"/> Other (please specify) _____ | |



FOI APPLICATION

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Type of Access Requested

- Copy on CD (if available - see note below) Photocopy (if available - see note below)
 View the original documents Other (please specify) _____

Note: When information is only held electronically, it will be produced on a CD unless a paper copy is requested.
When information is only held in paper format it will be produced as a paper copy.

Fees and Charges

Application Fee

A \$27.20 non-refundable application fee must accompany this form before the processing of this request can start.

Access Charges

In addition to the application fee, the following access charges may apply. If applicable, you will be notified by mail of the relevant charges, which must be paid before you can access the documents. Do not pay these charges now.

Concessions:

If you are the holder of a current Health Care/pension card, the application fee will be waived. Photocopy fees are as below. To be entitled to the concession rate please provide a photocopy of your valid Health Care Card or Pension Card or other evidence of hardship.

CD	\$25.00
Photocopying	20 cents per page copied
Search Fee	\$20.00 per hour or part thereof
Viewing record (if applicable)	\$5.00 per quarter hour (under supervision)
Radiology images (on CD)	\$10.00
Postage	\$11.50

Payment Methods (for application fee \$27.20)

Cheque	Make cheque payable to "Monash Health"
Cash	Payable at Cashier Office between 8:30am and 4:00pm. Do not post cash.
Credit Card	We accept credit card payment over the phone, please call 9594 2123

FOI Application Completion Checklist

- Complete all relevant sections of this form, including signature and date below
- Include \$27.20 application fee **OR** copy of applicant's valid Health Care Card or Pension Card (for concession rate)
- Attach **Applicant's** identification that shows your signature (e.g. copy of driver's licence or passport)
- Attach copy of any relevant legal documents (e.g. Power of Attorney, Guardianship order, Family Court order, Death Certificate)

Return completed application to the FOI Service at Monash Health:

Postal address: Monash Health
Health Information Services - FOI Service **Email:** hisfoi@monashhealth.org
Monash Medical Centre Clayton **Phone:** (03) 9594 2123
Locked Bag 29 **Fax:** (03) 9594 2106
Clayton South VIC 3169

Please Note:

- Your application will be processed in accordance with the Victorian FOI Act.
- Your information will be used to process this request and will be handled in accordance with Victorian privacy laws.
- Once Monash Health has received your FOI request (provided it is in writing, clearly identifies the documents requested, and is accompanied by the application fee or documents to support concession rate). Monash Health must respond to you in writing as soon as practicable but not later than 45 days outlining its decision on your request.
- We have a maximum of 45 days to process your request from the date it is received. You do not have a right to access documents that fall within one of the 'exemption' categories in the FOI Act.
- Any documents released to you will be sent via registered post.

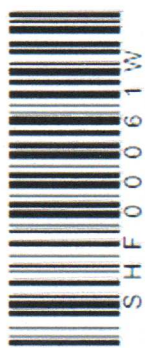
If you have any queries, please contact the FOI Service (contact details above)

Applicant's Signature

(Sign after printing)

D. Adcroft

Date: 13/07/15



FOI APPLICATION