

NCN HEALTH FREEDOM OF INFORMATION REQUEST FORM

SECTION 1 – APPLICANT DETAILS

Given Name(s)..... Surname.....

Address.....

.....Postcode.....

Contact No – (Home/Mobile).....

Email Address.....

SECTION 2 – PATIENT DETAILS

Please write 'as above' if same as the Applicant, or 'not applicable' if request does not relate to a patient.

Given Name(s).....Surname.....

Address.....

.....Postcode.....

Date of Birth.....

Applicant's relationship to patient.....

SECTION 3 – VERIFICATION OF IDENTITY

The Applicant must provide one of the following forms of identification. Please select the form of identification to be provided and provide a copy or present the original if applying in person.

Drivers License

Passport

Birth Certificate

Health Care Card

Other (please specify)

.....

SECTION 4 – AUTHORITY TO RELEASE INFORMATION

If the Applicant is requesting their own information (for example, if the applicant is requesting their own medical records), no further authorisation is required – go to Section 5.

If the Applicant is requesting access to information relating to another person (for example, a patient’s medical records), the authorisation below must be completed and any applicable supporting documents must be provided.

Write ‘not applicable’ if the request does not relate to information concerning a patient or another person – go to Section 5.

I, (print name) ,
(Patient / Person to whom information relates, or authorised representative)

authorise NCN Health to release information about:

..... to the Applicant.
(Print name of patient / person to whom information relates)

Signature: Date:

Select person providing the authorisation:

- Patient / person to whom the information relates
- Power of Attorney currently in force (provide a copy)
- Appointed Medical Treatment Decision Maker (provide a copy)
- Guardian (provide a copy)
- Administrator (provide a copy)
- I am the Senior Available Next of Kin (regarding a deceased patient)
- Parent / guardian of child
- Other (please specify)

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SECTION 5 – INFORMATION REQUESTED

Please give a detailed description of the information you seek access to. (e.g. whole record, x-ray reports, pathology results, outpatient letters only).

If seeking access to a medical record, please specify whether you wish to access only part of a record (and specify the relevant date range and/or condition/s the records being sought relate to).

I wish to access the following document (s)

.....
.....
.....

SECTION 6 – FORM OF ACCESS

Please select the form of access you require. See applicable fees in Section 7.

- I wish to obtain photocopies of the documents.
- Please notify when I can collect the documents in person.
- Please mail the documents to the address specified – sent registered post.

SECTION 7 – FEES AND CHARGES

Application fee (non-refundable)

\$31.80

Access charges

\$23.85 Search Fee per hour or part hour charged in 15-minute increments

20 cents Per page photocopying

\$ 6.50 Postage and handling (registered post)

Note: If the Access charges are estimated to be in excess of \$50.00, you will be requested to pay a deposit.

SECTION 8 – CHECKLIST

- I have attached a cheque/money order/credit card form for the prescribed **application fee of \$31.80** (non-refundable). **Note: If this application fee is not paid your request will not be processed.** If paying in person, please pay at Reception at NCN Health 9-5pm Monday to Friday.
- I have attached information to verify my identity (see Section 3).
- I have attached authorisation to release information relating to another person/patient (see Section 4).

SECTION 9 – ADDRESS AND CONTACT		
Please forward this application to: Freedom of Information Officer, NCN Health		
Nathalia Campus 36 – 44 McDonell Street Nathalia Vic 3638 Ph: (03) 5866 9444	Cobram Campus 24-32 Broadway Street PO Box 252 Cobram Vic 3644 Ph: (03) 5871 0777	Numurkah Campus 2 Katamatite Road PO Box 128 Numurkah Vic 3636 Ph: (03) 5862 0555
ncnhealth@ncnhealth.org.au		

SECTION 10 – ADDITIONAL INFORMATION
<p>Under the <i>Freedom of Information Act 1982 (Vic)</i> (FOI Act), NCN Health will respond to your request as soon as practicable, and usually within a 30-day time period as required under the Act. As permitted under the Act, the 30-day time period may be extended by up to 15 days if we are required to consult with third parties to whom the requested information relates, or by up to 30 days where you agree to the extension. We will notify you of any extension period required.</p> <p>Under the FOI Act, access to documents may be denied in certain circumstances. In some cases, access to the whole document may be denied and in others access may be given with the exempt material removed. The Office of the Victorian Information Commissioner (OVIC) publishes information on the particular exemptions to access on its website (see https://ovic.vic.gov.au/freedom-of-information/for-the-public/the-exemptions/).</p>

SECTION 11 – CREDIT CARD DETAILS
<p>Please note: If paying by credit card this completed credit card form should be forwarded along with your application.</p> <p>Please select debit/credit card:</p> <p>BANKCARD <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/></p> <p>CARD NUMBER</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>CARD EXPIRY DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p>AMOUNT \$.....</p> <p>Name of Card Holder:.....</p> <p>Cardholders signature.....Date:.....</p>

SECTION 12 – FURTHER INFORMATION REGARDING FEES AND CHARGES

- Your request will only be processed after the application fee is paid and appropriate identity provided.
- It is emphasised that the **application fee** is non-refundable, even if you decide not to proceed with the application. If you have a Health Care Card or otherwise provide evidence that the payment of the application fee will cause you financial hardship, we may waive payment of the application fee. Under the FOI Act this decision is up to the hospital. If the application fee is not waived access charges could be, as discussed below.
- If there are **access charges** applicable (as set out in Section 7), such as photocopy charges, you will be sent an invoice for these charges. If the access charges are estimated to be in excess of \$50.00, you will be requested to pay a deposit before we proceed to process your request. However, access charges will be waived in certain circumstances, including where this would cause you financial hardship and the request is for your own personal documents/medical records. Evidence of financial hardship, such as provision of a Health Care Card, must be provided in order for such access charges to be waived.
- If you are requested to pay a deposit, you can choose whether to:
 - proceed with your request and pay the deposit; or
 - request to discuss practicable alternatives for altering your request or reducing the anticipated charge;
 - or withdraw your request.

If you have any enquiries, please feel free to contact the Freedom of Information Officer at any of the NCN Health campuses:

Nathalia Campus
36 – 44 McDonnell Street
Nathalia Vic 3638

Cobram Campus
24-32 Broadway Street
PO Box 252
Cobram Vic 3644

Numurkah Campus
2 Katamatite Road
PO Box 128
Numurkah Vic 3636

Ph: (03) 5866 9444

Ph: (03) 5871 0777

Ph: (03) 5862 0555