



# East Wimmera Health Service

*Cultivating Healthy Communities*

## RELEASE OF HEALTH INFORMATION

### Application Fees

- **Application fee** \$32.70. This fee is non-refundable. Fee is waived for a Health Care Card Holder to whom payment may cause financial difficulty. In this case, a copy of the Card must be attached to the Request Form.

The application fee of \$32.70 can be paid via cheque, money order or direct bank deposit. If paying by direct bank deposit please use your surname-F.O.I as the reference (E.g. SMITH-F.O.I) and email a receipt of the transaction to [amanda.campbell@ewhs.org.au](mailto:amanda.campbell@ewhs.org.au).

### Bank details

Acct name: East Wimmera Health Service- Operating Account

BSB: 063 000

Acct #: 1415 7134

### 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.
  - 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 10 years if patient deceased)
  - ▶ Should access charges apply, a Tax Invoice will be issued and payment made before documentation will be released.
- **All formal requests** for access to documents of EWHS under the provisions of the FOI Act are to be made 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
  - ▶ Photocopy of proof of identity (drivers licence/Medicare card/ healthcare card/ birth certificate)
  - ▶ 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 Officer  
East Wimmera Health Service  
PO Box 31, St. Arnaud. Vic 3478  
[amanda.campbell@ewhs.org.au](mailto:amanda.campbell@ewhs.org.au)

# FREEDOM OF INFORMATION REQUEST

## 1. Details of Applicant:

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: Business: \_\_\_\_\_ Private: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date or Year of last Admission (if known): \_\_\_\_\_

## 2. Access required to information about:

**(Complete if request for information is for person other than self)**

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date or Year of last Admission (if known): \_\_\_\_\_

## 3. Description of specific information required where possible (e.g. Medical Record, Reports, etc):

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If the request is for your time of birth, please provide

Mother's Full Name at time of Birth: \_\_\_\_\_

4. I enclose the sum of \$32.70 being the application fee to progress my request. I understand additional costs may be incurred, payment of which is required to be made before the provision of copies or for time spent reviewing documents with Health Professionals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Further information can be obtained from: [Freedom of information - Home \(oaic.gov.au\)](http://oaic.gov.au)