Freedom of Information – Request & Authorisation Form

The Freedom of Information Officer
Corporate Services
P O Box 26 | POINT LONSDALE | 3225

Freedom of Information Officer
Phone: 03 5251 4661 | 1800 007 224
Email: kate.hughes@bch.org.au

Mail, fax, email or present in person to Freedom of Information Officer – Bellarine Community Health Ltd

APPLICANT'S DETAILS

First Name:_____ Surname:_____

Address:_____

Suburb :_____ Postcode:_____

Telephone:_____ Relationship to client (i.e. Self/parent/other)_____

CLIENT DETAILS

First Name:_____ Surname:_____

Date of Birth:_____ UR Number_____

INFORMATION REQUESTED

☐ Copy of part of the clinical record (Please include as much detail as possible)

- Dates of service required (if known:_____
- Treatment for:_____

☐ Copy of whole clinical record

☐ Appointment to view clinical record

FEES AND CHARGES: Set in accordance to the Freedom of Information (Access Charges) Regulations 2019

Application fee: **$ 28.90**

This fee is non-refundable and must be submitted with this request before the application will be processed.

The application fees will be waived for Health Card or Pension Card holders or situations of financial hardship. A copy of the card must be provided for fees to be waived.

Other fees and charges that may be applicable

Photocopying/printing:	20c per page (Black & White printing) (If colour print a higher charge may apply)
Search fee:	$30 per hour or part thereof
Viewing of record under supervision of officer/delegate	$30 per hour of part thereof
Viewing of record with suitably qualified health provider applies)	$40 per hour or part thereof (a max. charge

Cheques/Money Orders are to be made out to Bellarine Community Health Ltd. Postage charges may apply. A statement of charges will be supplied and must be paid prior to release of information.

Note: Identification must be provided with the application fee before your request can be processed.
i.e. Copy of driver's licence, passport

I understand that charges will be made in respect of this request in accordance with the Freedom of Information Act.

Signature:_____ Date: _____/_____/_____

THE SECTIONS BELOW ARE FOR "BELLARINE COMMUNITY HEALTH LTD" USE ONLY

FOI AUTHORISATION REQUEST FORM

To be filed with FOI Application form and relating paperwork

Name:_____ UR#:_____

☐ Full access granted ☐ Partial access granted

☐ No access granted

Which areas cannot be accessed_____

_____

Section of The Act denying access_____

_____

Decision maker's signature_____ Date _____/_____/_____

Name (Please print)_____

Any other comments_____

MENTAL HEALTH RECORD APPROVAL

☐ Approved ☐ Approved for viewing with Service Provider only

☐ No access granted

Which areas cannot be accessed_____

_____

Section of The Act denying access_____

_____

Decision maker's signature_____ Date _____/_____/_____

Name (Please print)_____

Any other comments_____

_____