



FREEDOM OF INFORMATION APPLICATION FORM

Please complete the following details and return this form with:-

- Proof of identification (eg Photocopy of Driver's licence)
- Application fee of \$30.60
 - Cash, EFTPOS and Credit Card payments can be made at Reception
 - Direct Deposit to the CAH General Account with a Reference of FOI and your last name (BSB – 633000 Account No – 135859056)
 - Fees can be waived on the basis of hardship, please provide evidence which you believe supports your claim (eg Copy of your Health Care Card or Pension Card)

To: Freedom of Information Manager
Colac Area Health
2-28 Connor Street
COLAC VIC 3250
Fax: (03) 5232 5472 or Email: healthinfo@cah.vic.gov.au

Please contact the Freedom of Information Manager on (03) 5232 5253 if you have any questions.

Patient/ Client Details: (Please print details of the patient whose file is being requested)
Name:
Did patient attend CAH under another name? If so, please specify:
Date of Birth:
Address:
Telephone:
Email:

If you are not the patient to whom the request relates please provide your details below:
Name:
Address:
Telephone:
Email:
Relationship to Applicant:
Note: Patient's written consent must be attached.

Description of the documents you require: (Please be specific and include dates)

Please indicate the method you wish to obtain the above information: (Please tick)

Obtain a copy Please send via Registered Post or I would like to collect them

Inspect (supervision fees apply) and obtain a copy

Inspect the originals (supervision fees apply)

Reason for request:

List of Current Fees and Charges

Application Fee	\$30.60
Photocopying Charges	\$0.20 per photocopied page
Supervision Charge	\$5.75 per quarter hour, or part there of
Images to disc	\$25

Authorisation:

I understand that:

- Charges may be made under the Freedom of Information Act in respect of this request and that I will be supplied with a statement of charges if appropriate.
- Colac Area Health has 30 days to process valid (complete) requests made under the Freedom of Information Act.

Signature:
(optional when submitting electronically)

Date:

PRINT NAME: