

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 \$31.80
 - 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 – 033222 Account No – 020673)
 - Fees can be waivered 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: <u>healthinfo@cah.vic.gov.au</u>

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)
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□ Obtain a copy □ Please send via Registered Post

I would like to collect them

or

 $\hfill\square$ 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	\$31.80	
Photocopying Charges	\$0.20 per photocopied page	
Supervision Charge	\$5.95 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: