

Access to patient information Freedom of Information (FOI)

WHAT INFORMATION IS AVAILABLE?

Patients wishing to obtain information are able to do so, subject to certain exemptions (Section 13), under the Freedom of Information Act 1982. It is possible to obtain photocopies or view the original documents via this process.

HOW DO I APPLY?

All applications must be in writing and contain sufficient information to enable the hospital to retrieve the correct documents. The FOI Application Form is available to download or you may wish to contact us to obtain the form.

If you are applying for information other than your own, the patient concerned must sign a written authorization for the release of information. If the patient is deceased, the next of kin (as recorded by Castlemaine Health) must sign the authorization.

HOW MUCH WILL IT COST?

Under the FOI Act, certain charges apply when requesting access to your information.

Application Fee	\$23.90
Photocopying	20 cents per copy
Supervision of viewing the record	\$10.00 per ½ hour viewing
Search and retrieval time	\$20.00 per hour (max 2hrs)
Decision making time	\$20.00 per hour

The application fee must accompany your written request and once your request has been approved, you will be notified of the remaining charges. These charges must be paid prior to the documents being released to you.

If you require the documents to be posted to you, an additional fee to cover the cost of registered mail will apply. You will be notified of the exact amount of this charge.

In accordance with the FOI Act 1982 we have 45 days to process FOI applications, beginning upon receipt of the application fee.

CONTACT DETAILS

Freedom of Information Officer
Health Information Services
Castlemaine Health
P.O Box 50
Castlemaine Vic 3450
[F.O.I. Application Form \(click here\)](#)

**CASTLEMAINE HEALTH
FREEDOM OF INFORMATION APPLICATION FORM**

PATIENT AUTHORISATION

Surname: _____ Given Name: _____

Date of Birth: _____ UR Number (if known): _____

SIGNED: _____ **DATE:** ____/____/____

APPLICANT

Surname: _____ Given Name: _____

Address: _____

Phone number (home): _____ (work) _____

Relationship to Patient: _____

INFORMATION REQUIRED

Type of Attendance (please tick box)

Inpatient Outpatient Accident & Emergency

Documents Required (please tick box)

Entire medical record
Part of medical record (specify) _____

Other documents (specify) _____

TYPE OF ACCESS REQUIRED (please tick box)

I wish to obtain photocopies of the above documents at 20c per copy

I wish to view the original documents in my medical record at \$10 per ½ hour viewing time

I have enclosed application fee of \$23.90

APPLICANT SIGNATURE: _____

ADDRESS _____

PHONE _____

DATE: ____/____/____

PLEASE FORWARD YOUR APPLICATION TO:

Freedom of Information Officer
Health Information Services
Castlemaine Health
P.O. Box 50
Castlemaine Vic 3450