

## **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 Hospital requires written permission from the executor or administrator of the deceased person's estate to release the deceased person's medical records.

The request must have accompanied documented evidence demonstrating who is the administrator or executor of the estate, and a copy of the document from the court demonstrating probate has been granted.

### **HOW MUCH WILL IT COST?**

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

Application Fee \$28.40

Photocopying 20 cents per copy

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.

The application fee is a fixed cost which is non-refundable. The **only exception** is for people suffering hardship who can ask for waiver of the application fee providing copies of Pension or Health Care Cards.

In accordance with the FOI Act 1982 we have 30 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) \_\_\_\_\_

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

I have enclosed application fee of \$28.40

I request to be exempt from payment of the application fee  
And include a copy of my current Pension/HCC card

**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