

Please forward completed Freedom of Information application forms to:

**Freedom of Information**

Latrobe Regional Health  
 PO BOX 424  
 TRARALGON VIC 3844

1a) Patient Details			
Surname			
Given Name(s)			
Address			
Phone (home)		Phone (other)	
Date of Birth			
Email address			
1b. Applicant Details (if different from above)			
Surname			
Given Name(s)			
Address			
Phone (home)		Phone (other)	
Date of Birth			
Email address			
Relationship to patient			
	Attach copy of any relevant legal documents (e.g., guardianship order)		
1c. Complete this section if seeking access to a medical record other than your own			
1) Does the patient freely <b>consent</b> to you accessing their confidential medical record?	<input type="checkbox"/> Yes → patient please complete section 2 <b>Consent.</b>	<input type="checkbox"/> No → obtain consent from the patient	
2) If the patient is <b>deceased</b> :	Date of Death: ___ / ___ / ___		
3) Are you the deceased patient’s senior next of kin?	<input type="checkbox"/> Yes → patient please complete section 3. <b>Documents Requested</b>	<input type="checkbox"/> No → go to the next point (4)	
4) Does the deceased patient’s senior next of kin freely <b>consent</b> to you accessing the patient’s confidential medical record	<input type="checkbox"/> Yes → deceased patient’s senior next of kin please complete <b>section 2. Consent</b>	<input type="checkbox"/> No → go to <b>section 3. Documents Requested</b>	

<b>2. Consent</b>		
I, _____ of _____ <small>(Name of Patient or patient's Next of Kin) (Address)</small>		
Do hereby authorise the Latrobe Regional Hospital to release information from: _____ Medical record to the aforementioned applicant. <small>(Name of Patient)</small>		
Signed _____ <small>(Signature of Patient or patient's Next of Kin)</small>	Date: _____ / _____ / _____	
<b>2. Reason for Application</b>		
<input type="checkbox"/> For Self	<input type="checkbox"/> For Other	
Additional information if applicable:		
Insurance Claim: Information needed by date ____ / ____ / ____ <small>(copy of documentation required)</small>		
Centrelink Claim: Information needed by date ____ / ____ / ____ <small>(copy of documentation required)</small>		
<b>4. Documents Requested</b>		
Site/s Attended:		
<input type="checkbox"/> LRH Emergency Department	<input type="checkbox"/> Hobson's Park	
<input type="checkbox"/> LRH Medical Ward	<input type="checkbox"/> LRH Community Mental Health Service	
<input type="checkbox"/> LRH Mental Health Ward		
Documents Required:		
<input type="checkbox"/> Complete medical record	<input type="checkbox"/> Complete mental health record	<input type="checkbox"/> ALL records
<i>or</i>		
<input type="checkbox"/> Part of medical record dates from	_____ / _____ / _____ to _____ / _____ / _____	
<input type="checkbox"/> Emergency Department attendance dated	_____ / _____ / _____	
<input type="checkbox"/> Outpatient notes dated	_____ / _____ / _____	
<input type="checkbox"/> Radiology / Pathology results dated	_____ / _____ / _____	
Time of Birth <b>Provide details of baby's mother</b>		
1) Maiden name	_____	
2) Married name	_____	
3) Date of birth (of baby's mother)	_____ / _____ / _____	
<b>5. Type of Access Requested</b>		
<input type="checkbox"/> Photocopy	<input type="checkbox"/> Confirmation of attendance letter	
<input type="checkbox"/> Time of Birth letter (for time of birth request)	<input type="checkbox"/> Other (please specify)	

Please note: Unless specified all information will be scanned and provided via secure email link.	
<b>6. Fees and Charges</b>	
Application Fee:	
A <b>\$31.80 application fee</b> must accompany this form before the processing of this request can start. For waiver of the fee, provide a photocopy of your valid Health Care Card or Pension Card or other evidence of hardship.	
<b>Access Charges:</b> In addition to the application fee, the following access charges may apply. If applicable, you will be notified by mail of the relevant charges and payment methods, which must be paid before the documents are provided.	
<b>Photocopying</b>	\$0.20 cents per A4 page copied
<b>Search Fee (not applicable if requesting own records)</b>	\$22.50 per hour or part thereof
<b>Postage Charges</b>	\$11.50
<b>7. FOI Application Completion Checklist:</b>	
Before submitting your Freedom of Information application, please ensure all of the following requirements have been completed.	
<input type="checkbox"/> Complete all relevant sections of this form	
<input type="checkbox"/> Include \$31.80 application fee OR copy of valid Health Care Card or Pension Card ( <i>for fee waiver</i> )	
<input type="checkbox"/> Attach Applicant’s photo identification ( <i>e.g., copy of driver’s licence or passport</i> )	
<input type="checkbox"/> Attach copy of Insurance and/or Centrelink documentation (if applicable)	
<input type="checkbox"/> Attach copy of any relevant legal documents ( <i>e.g., Power of Attorney, Guardianship order, Family Court order, Death Certificate</i> )	
<input type="checkbox"/> Attach copy of Custody, parenting or family violence intervention orders – evidence of relationship to patient or authority from patient if the applicant is not the subject of the request. If the person is subjected to a current family violence intervention order, conditions of the order must be provided.	
Signed _____ <i>(Signature of Patient or patient’s Next of Kin)</i>	Date: ____/____/____
Return completed application form to:	Contact details:
Freedom of Information Latrobe Regional Health PO BOX 424 Traralgon VIC 3840	Freedom Of Information Phone: (03) 5173 8844 Fax: (03) 5173 8100 Email: <a href="mailto:foi@lrh.com.au">foi@lrh.com.au</a> LRH Finance (03) 5173 8602

Please note: Your application will be processed in accordance with the Victorian FOI Act. Your information will be used to process this request and will be handled in accordance with Victorian privacy laws. We have a maximum of 30 days to send a decision from the date a valid application is received (provided it is in writing, clearly identifies the documents requested, and is accompanied by the application fee or documents to support fee waiver).