

## Freedom of Information Request

<b>This form must be accompanied by:</b>			
<ul style="list-style-type: none"> <li>• Form of identification (for example, a certified photocopy of driver license, birth certificate, Health Care Card)</li> </ul>			
<ul style="list-style-type: none"> <li>• An application fee will be charged in accordance with the Health Records Regulations 2002 (S.R. No. 42/2002) to access Health Information from Rural Northwest Health. Additional charges will be incurred for photocopy.</li> </ul>			
Please return completed form to:	<b>Freedom of Information Officer</b> <b>PO Box 386</b> <b>Warracknabeal, VIC 3393</b>		
<b>Section A Your details</b> <i>(please print)</i>			
Your Surname:			
Given name(s):			
Date of Birth:			
Address:			
Telephone:		After Hours:	
Mobile:		E-mail:	
<b>Are you requesting information on another person's behalf?</b> Yes If yes, please complete <b>Section B</b> to provide <b>their</b> details, and <b>Section C</b> . No If no, please complete <b>Section C</b>			
<b>Section B Details if you are requesting information on behalf of another person</b> <i>(please print)</i>			
Their Surname:			
Given name(s):			
Their date of Birth:			
Their address:			
Telephone:		After Hours:	
Mobile:		E-mail:	
<b>Consent:</b>			
<ul style="list-style-type: none"> <li>• If the request for information is on behalf of another person, consent from her/him, or their next of kin is required.</li> </ul> I _____, give consent for the Freedom of Information Officer to process this request. I understand that to do this, my patient medical record may need to be accessed. <b>Signature of person consenting:</b> _____ <b>Date:</b> _____			
<b>Section C: Details of the request</b>			
I would like access to the following document/information:			

I would like to read the information and/or	Yes	No
I would like a copy of the information	Yes	No
<b>Name of person requesting information:</b>		
<b>Signature of person requesting information:</b> _____		
<b>Date:</b> _____		
<b>Section D: Team Member Access:</b>		
Name: _____		
Reason: _____		
Signed: _____		
Date: _____		
<b>Section E : Authorisation:</b>		
<b>To be completed by the Chief Executive Officer:</b>		
I _____ give permission for the above named to :		
<ul style="list-style-type: none"> <li>• View – original</li> <li>• Amend – the original</li> <li>• Receive – a copy</li> </ul>		
Signature: _____		Date: _____
This document is to be retained permanently in the Freedom of Information Register and a copy is kept in the record of the person whose record is being sought.		