

Application for Access to Health Records

Under the Freedom of Information Act 1982
and the Health Records Act 2001.

Client / Patient Details

Name: _____ Date of Birth: ____ / ____ / ____

Postal Address: _____

Telephone: _____ Fax: _____ Mobile: _____

Applicant Details (if different from above)

Name: _____

Postal Address: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

If on behalf of an organisation, name of organisation: _____

Details of Request

I am applying for access to the following Health Records or associated document(s):

Form of Access

- ☐ I request copies of the documents to be forwarded by mail.
- ☐ I request an inspection of the original documents.

Consultation

Is the Client / Patient the subject of a current court order or agreement which lists another person as having parental / guardianship responsibility for the Client / Patient.

Yes ☐ No ☐

Should it be necessary to consult with other parties regarding your application, do you object to your name being released as the applicant?

Yes ☐ No ☐

Declaration

I declare that the information given by me is correct and that to the best of my knowledge I am entitled to make this application for access to Health Information as prescribed under the Health Records Act 2001:

- ☐ I am the Client / Patient described above.
- ☐ I have been duly authorised to act by the Client / Patient and have attached evidence of written authorisation. (See below.)
- ☐ I have parental responsibility for the Client / Patient who is a minor and incapable of understanding the nature of this request.
- ☐ I have parental responsibility for the Client / Patient who is a minor and has consented to me making this request on their behalf. (See below.)

Applicant's signature: _____ Date: ____/____/____

Authorisation

Please complete this section if you are giving your consent to another person who is acting on your behalf.

I am the Client / Patient described above and hereby authorise _____

to obtain the health information as described overleaf, from Boroondara City Council on my behalf.

Client / Patient signature: _____ Date: ____/____/____

General

- Every person has the right under the Act to obtain access to documents of an agency other than an exempt document. (Council is an agency under the Act.)
- Individuals also have a right to access health information relating to the individual held by a health service provider or any other organisation, under the Health Records Act 2001.
- To be a valid application, you must provide sufficient information to enable the correct document(s) to be identified. Details can be provided on a separate sheet if necessary.
- If a request does not comply with the requirements of the Act, Council can provide advice and assistance to formulate a complying request.
- If possible, access will be given in the form requested by the applicant. Exceptions exist where the requested form of access may result in infringement of copyright or unreasonably interfere with the operations of Council.
- If you are seeking access to a document(s) on behalf of another person, written authority to obtain such information will be required.
- Your application will be dealt with as soon as practicable, and a response provided in any case, within 30 days after it is received, subject to exceptions as provided for under the Freedom of Information Act 1982.
- Further information can be obtained from the Governance Department on 9278 4473.
- The Freedom of Information Act 1982 and other information on Freedom of Information is available from Freedom of Information Online at www.foi.vic.gov.au. Information about the Health Records Act 2001 is available from the Department of Human Services website at www.health.vic.gov.au.

What will it cost.

- The prescribed application fee for Freedom of Information requests will not apply to applications for Health Records or associated information.
- Other prescribed fees may apply, including search fees (1.5 fee units per hour or part thereof) and copying fees (\$0.20 per black & white A4 copy).

Lodging Your Application

Applications may be lodged -

- In person at Council Offices.
- By post, addressed to:
Freedom of Information Officer
City of Boroondara
Private Bag 1
Camberwell VIC 3124

Privacy

Personal information supplied by you as part of your Freedom of Information Application will be used for processing your Freedom of Information Application. Your information may be used by officers in applying relevant provisions of the Freedom of Information Act 1982 or Health Records Act 2001 to your application. It may also be used in transferring your request to other agencies if applicable, or in consulting with other parties in relation to your application.

In order to maintain confidentiality and to confirm your identity, a copy of the following documents will be required before any documents will be released:

Applicant:	Driver's licence
Client / Patient	Driver's licence or Passport or other photo identification or Birth Certificate (if a minor)