



FREEDOM OF INFORMATION FORM FOR ACCESS TO DOCUMENTS

Patient Details

Mr/Mrs/Miss/Ms/Dr Surname:.....Given Names:.....
Surname at the time of admission/episode (if different from above):.....
Date of Birth: Phone number(s): (H)..... (M).....
Address:.....
Suburb:..... State:..... Postcode:..... Email:.....

Are you applying for information about another person? Yes / No (please circle)
If yes, please describe your relationship to this person:.....and complete your details below

Applicant Details:

Mr/Mrs/Miss/Ms/Dr Surname:.....Given Names:.....
Phone number(s): (H)..... (M).....
Address:.....
Suburb:..... State:..... Postcode:..... Email:.....

If you are applying in respect to someone else, you must provide consent from the patient or identification which clearly shows that you are the senior next of kin to the patient e.g. birth certificate, marriage certificate or death certificate in addition to providing personal identification. If you are not the senior next of kin, you must provide written authorisation from the patient or senior next of kin permitting you to access the information.

Details of Request:

Describe clearly the documents you wish to access (include dates, location, subject matter or any other information which would help identify the document(s)).....

Form of Access: (please circle one)

I wish to inspect the document(s) Yes No
I wish a copy of the document(s) on paper Yes No

Some documents you require may need to have some information edited according to the Freedom of Information Act 1982 (Vic). If you are not willing to receive a copy of an edited document, the document will not be released.

Are you willing to receive edited documents? Yes No



Fees and Charges:

I understand that charges may apply under the Freedom of Information Act 1982 (Vic) and that I will be supplied with an invoice for applicable fees and charges. I also understand that I will have to supply proof of identification.

Applicant's signature:.....**Date:**.....

Please return application to:

ATT: Vita Health Care
Practice Manager
135 Mount Eliza
Mount Eliza VIC 3930
Phone (03) 5972 2444 Fax (03) 9787 2906
Email: reception@vitahealthcare.com.au

What is the Freedom of Information process?

Approval Process

All health records undergo an appropriate review prior to release. Approval for release will be sought only after that review, and valid authority provided. If the medical records are not your personal records, you must include the authority of the patient (or if deceased, their senior next of kin).

Notification of Approval

We will notify you by email or mail of our decision, usually within 14 days after receiving this form. (unless further time is allowed by the FOI Act).