



**FREEDOM OF INFORMATION APPLICATION & PROCESSING CHECKLIST**

AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: \_\_\_\_\_

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_\_

**SECTION 1 – Applicant’s Details**

Name/Agency .....

Postal Address ..... Post Code.....

Phone: Business ..... Home ..... Mobile .....

**Relationship of Applicant to Patient:**

Self (Go to Section3)     Parent     Child or Sibling > 18 years     Spouse or De Facto Spouse

Legally Responsible person     Solicitor     Other:.....

**Photo Identification and Proof of Relationship is required**

**SECTION 2 – Patient Details**

Surname ..... Given .....

DOB ..... Medical Record Number (if known) .....

Healthcare Number/Pension No. .... (must provide copy of both sides of healthcare/pension card)

**SECTION 3 – Form of Access**

**Northern Health has a combined Medical Record; please specify which service notes you require:**

**PART A – Mental Health Patients**

- North Western Mental Health  
Notes of the following campuses;
  - The Northern Hospital (NAMHS)
  - Bundoora (APMH)
  - Broadmeadows;
    - Adult (NWAMHS)
    - Aged (APMH)

**PART B – Acute Patients**

- Northern Health  
Includes notes of the following campuses;
  - The Northern Hospital
  - Bundoora Extended Care Centre
  - Broadmeadows Health Service
  - Craigieburn Health Service
  - Panch

**PART C - Information Required:**

- Discharge Summary .....
- Specific attendance (please specify, i.e. dates) .....
- Test Results (eg X-rays, pathology, please specify) .....
- Full Medical Record .....
- Amendment to Medical Record (please provide a letter explaining the amendment) .....

**SECTION 4 – Collection of Information**

**Information is released on a CD Rom.**

How would you like to receive the documents?     Registered Mail     Collect in person

I nominate ..... to collect the documents on my behalf. I understand the nominee will be required to produce photo ID on collection and a copy of that ID will be kept with the record of this application

**Applicant signature** ..... **Nominee’s signature** .....

**Identification will be required at point of collection**

**SECTION 5 – Fees**

- I have enclosed the application fee of \$28.40 as per section 17(2) (a) of the FOI Act
- I have attached a photocopy of my current health care/pension card therefore the application fee is not required

I acknowledge there will be additional costs for processing and postage as per section 22 and 23 of the FOI Act. I understand that under the FOI Act, some information may be exempt from release and relevant parties will be notified of these exemptions and rights of appeal during the processing of this request.

Applicant name (please print) .....

Signature ..... Date: .....

You will be notified of the decision within 30 days of receipt of this request.

HEALTH

NORTHERN

FREEDOM OF INFORMATION – APPLICATION & PROCESSING CHECKLIST

010925



**FREEDOM OF INFORMATION APPLICATION & PROCESSING CHECKLIST**

AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: \_\_\_\_\_

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_\_

**SECTIONS 6 ONWARDS - OFFICE USE ONLY**

**SECTION 6 – Processing**

FOI Request No: \_\_\_\_\_  Valid Consent  Application Fee: \$ \_\_\_\_\_  HCC  
Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Application acknowledged: \_\_\_\_/\_\_\_\_/\_\_\_\_

30 days Date Notification is due: \_\_\_\_/\_\_\_\_/\_\_\_\_ Request for Extension of Time  Yes  No  
Revised Notification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Accepted  Denied  No Response

**Third Party Consultation / Transferred to department for action**

\_\_\_\_/\_\_\_\_/\_\_\_\_ .....  Consented  Objected  No Response  
\_\_\_\_/\_\_\_\_/\_\_\_\_ .....  Consented  Objected  No Response  
\_\_\_\_/\_\_\_\_/\_\_\_\_ ..... Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ ..... Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ ..... Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 7 – Decision**

Full Access

Partial Access- Exemptions (Please indicate below)

**Section 33(1)** Unreasonable disclosure of information relating to the personal affairs of any person (including a deceased person).

**Section 33(2A)** Unreasonable disclosure of information relating to the personal affairs of any person or disclosure would or would be reasonably likely to endanger the life or physical safety of any person

**Section 33(4B)** The provision of the health information would pose a serious threat to the life or health of the person

**Section 35(1)** Whereby disclosure would divulge any information or matter communicated in confidence by or on behalf of a person and/or "...disclosure would be reasonably likely to impair the ability of an agency or minister to obtain similar information in the future."

**Other** (please specify): .....  
.....  
.....

**Access Denied** (please specify): .....  
.....  
.....

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PRINT NAME AND DESIGNATION OF AUTHORISING OFFICER SIGNATURE DATE

**SECTION 8 – Fees and charges**

Search Charge: \$ \_\_\_\_\_  
CD Rom cost: \_\_\_\_\_ @ \$25 per CD copied/burned: \$ \_\_\_\_\_  
Postage (weight): \$ \_\_\_\_\_  
Postage (certified mail): \$ \_\_\_\_\_  
Viewing charge: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time taken (mins): \_\_\_\_ @ \$5.00 per 15 mins: \$ \_\_\_\_\_  
Other costs: \$ \_\_\_\_\_  
**TOTAL: \$ \_\_\_\_\_**

Charges waived: .....

**SECTION 9 – Outcome**

\_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant invoiced .....  Mail  Email  Fax

\_\_\_\_/\_\_\_\_/\_\_\_\_ Payment received

\_\_\_\_/\_\_\_\_/\_\_\_\_ Waiting for 60 days for Third Party to appeal decision

\_\_\_\_/\_\_\_\_/\_\_\_\_ Documents posted .....  Registered post  Courier

\_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant notified documents ready for pick up

collected by: \_\_\_\_\_  
PRINT NAME SIGNATURE DATE