



HEALTH

NORTHERN



FREEDOM OF INFORMATION
APPLICATION & PROCESSING
CHECKLIST

AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: _____
SURNAME: _____
GIVEN NAME: _____
DATE OF BIRTH: ____/____/____ SEX: _____

FREEDOM OF INFORMATION – APPLICATION & PROCESSING CHECKLIST

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:

<u>PART A – Mental Health Patients</u> <input type="checkbox"/> North Western Mental Health Notes of the following campuses; <input type="checkbox"/> The Northern Hospital (NAMHS) <input type="checkbox"/> Bundoora (APMH) <input type="checkbox"/> Broadmeadows; <input type="radio"/> Adult (NWAMHS) <input type="radio"/> Aged (APMH)	<u>PART B – Acute Patients</u> <input type="checkbox"/> Northern Health Includes notes of the following campuses; The Northern Hospital Bundoora Extended Care Centre Broadmeadows Health Service Craigieburn Health Service Panch
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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 (at a cost of \$13) ☐ 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 \$28.90 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 third parties may be contacted during the processing of the request and the applicants name will be used during this consultation process. If required, the relevant parties will be notified of exemptions and rights of appeal for this request.

Applicant name (please print)
Signature Date:

010925



FNH010925



FREEDOM OF INFORMATION APPLICATION & PROCESSING CHECKLIST

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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

____/____/____	<input type="checkbox"/> Consented <input type="checkbox"/> Objected <input type="checkbox"/> No Response
____/____/____	<input type="checkbox"/> Consented <input type="checkbox"/> Objected <input type="checkbox"/> 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 (certified mail): \$ _____	
Viewing charge: Date ____/____/____	Time taken (mins): ____ @ \$5.00 per 15 mins: \$ _____	
	Other costs: \$ _____	

TOTAL: \$ _____

☐ Charges waived:

SECTION 9 – Outcome

____/____/____	Applicant invoiced	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax
____/____/____	Payment received	
____/____/____	Waiting for 60 days for Third Party to appeal decision	
____/____/____	Documents posted	<input type="checkbox"/> Registered post <input type="checkbox"/> Courier
____/____/____	Applicant notified documents ready for pick up	

collected by: _____

PRINT NAME

SIGNATURE

____/____/____
DATE