



MILDURA BASE PUBLIC HOSPITAL - FREEDOM OF INFORMATION APPLICATION FORM

**PATIENT DETAILS**

Surname		Given Name(s)	
Street Address			
Suburb/Town		Postcode	
Phone			
Date of Birth		UR No. (if known)	
Email address			

**APPLICANT DETAILS (if different from above)**

Surname		Given Name(s)	
Street Address			
Suburb/Town		Postcode	
Phone			
Email address			

Relationship to patient	 Please attach supporting documentation
For requests relating to children under the age of 16	Is the child subject to a Family Court Order? <input type="checkbox"/> No <input type="checkbox"/> Yes  please attach copy of Court order

**DOCUMENTS REQUESTED**

Indicate which campus(es) of Mildura Base Public Hospital you require information from:

☐ MBPH    ☐ Mental Health

**Common documents in a medical record include:**

- |                              |   |                      |
|------------------------------|---|----------------------|
| • Discharge summaries        | • Operation reports & anaesthetic records | • Care plans         |
| • Emergency Department notes | • Radiology and pathology results         | • Observation charts |
| • Clinical/ progress notes   | • Referral letters                        | • Medication records |

**Describe clearly the documents you wish to access (include date range, subject matter, types of documents):**


**Reason for request (this will assist us to identify and locate documents relevant to your request):**

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*Some documents you require may need to have some information deleted if it is exempt or irrelevant 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

**Form of access**

Select one:

- ☐ Copy of documents
- ☐ Inspect documents

**Delivery of documents**

- ☐ Secure email (no delivery charge)
- ☐ Collection in person (no delivery charge)  
(from MBPH, main hospital, with photo ID)
- ☐ Registered mail (\$11.00)

## AUTHORITY TO ACCESS INFORMATION

Request for Information relating to another Individual

You must provide signed authority from the patient to release their information or you must provide evidence that you have the authority to access this information. If a patient is a child under the age of 16 and there are legal circumstances that may impact on the release of the child's information, evidence that you have the right to access the patient's information must be provided (ie. A copy of the Family Court Order).

☐  Signed authority from patient

AND ☐  Further evidence provided (if required):.....

Request for information relating to a Deceased Individual

Where the patient is deceased, the patient's senior available next of kin must provide evidence that they are the next of kin (ie. Copy of the death certificate) and sign an authority to release the information if release is to a third party

☐  Death Certificate

AND ☐  Signed authority by Senior NOK (if release is to a third party)

## FEES AND CHARGES

Application Fee:

A \$32.70 application fee (non-refundable) must accompany this form before the processing of this request can begin. For waiver of the application fee, provide a copy of your valid Health Care Card or Pension Card or other evidence of hardship.

Access Charge:

In addition to the Application fee, the following access charges may apply. If applicable, you will be notified by mail of the relevant charges, which must be paid before you can access the documents. **Do not pay these charges now.**

- search charge of \$24.50 per hour or part of an hour (excludes requests relating to the personal affairs of the applicant)
- viewing charge of \$24.50 per hour, calculated per ¼ hour or part of a ¼ hour
- document charge of 20 cents per A4 page
- registered mail charge of \$11.00

## PAYMENT (For application fee - \$32.70)

Credit Card

☐ Visa ☐ MasterCard ☐ Other (specify) \_\_\_\_\_

Credit Card Number:

					-						-						
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Cardholder name: \_\_\_\_\_ Expiry Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Amount: \$32.70

## CHECKLIST

- ☐ Complete FOI Application form
- ☐ Include \$32.70 Application fee (or evidence of hardship)
- ☐ Include Applicant's Photo Identification that clearly shows your signature (ie. Copy of passport or Driver's Licence)
- ☐ Include a copy of any relevant legal documents (ie. Death Certificate; Court Orders, Patient authorisation)

## SEND APPLICATION FORM TO:

Email: MBPH-Privacy@mbph.org.au

Mail: Freedom of Information Unit  
Mildura Base Public Hospital  
PO Box 620  
Mildura VIC 3502

Applicant's Signature:

Date:

# Freedom of Information- General Information

## What is Freedom of Information?

Freedom of Information Act 1982 gives a person the right to request access to documents about you held by Mildura Base Public Hospital. The Act also gives you the right to request amendment of information about you that you believe is incorrect or misleading. Your medical record remains the property of the hospital

## How does it work?

You may apply to access the information in the following ways:

- by receiving a photocopy of the medical record(s) or
- by viewing the record with the Privacy Officer

## How much will it cost me?

Section 17(2A) of the *Freedom of Information Act 1982* ("**Act**") requires that a non-refundable application fee of \$32.70 accompany a request for access. We are unable to process a request until the application fee is paid.

The application fee is a fixed cost which is non-refundable. The only exception is for people suffering financial hardship who may ask the agency to waive the application fee

Victorian legislation requires all health records to undergo an appropriate review prior to release by medical or administrative personnel. If your application is approved you will be required to pay the following additional fees

You will be advised of production charges when notified of the outcome of your application. Payment of these charges is required prior to the documents being provided

## Photocopied information

- Search Charge of \$24.50 per hour (excludes requests for documents containing information relating to the personal affairs of the applicant)
- Document Charge of 20c per A4 page
- Postage charges of \$11.00 when sent by registered mail

## Viewing the medical record

- A Supervision Charge of \$22.20 per hour to be calculated per ¼ hour or part of a ¼ hour
- Document Charge of 20c per A4 page if any photocopies are required

### **How do I view or obtain a copy of my records?**

Please complete the attached application form and return the form with a photocopy of an identity document which includes a photograph and a signature (for example: Drivers Licence, Passport), and your cheque or money order made payable to "Mildura Base Public Hospital".

If you are making an application on behalf of another person then the request must be accompanied by the patient/client's signed authority, or other certified documents such as Guardianship Orders. If the patient/client is deceased the Legal Representative (executor of will or administrator of estate) or the Senior Legal Next of Kin must sign the application and attach a photocopy of identification and supporting documentation of their relationship with the deceased.

There is no set age limit for minors to be able to consent. Mildura Base Public Hospital will assess each request on a case by case basis.

### **How long will I have to wait?**

The FOI Act requires that Mildura Base Public Hospital take all steps to notify an applicant of a decision on a request as soon as is practicable, but in any case not later than 30 days after the day on which a valid request is received. Please note that the Act allows MBPH to unilaterally extend this time by 15 days in certain circumstances; in this case we will advise you in writing. The 30 days commences upon the receipt of the written application, accompanied by the \$32.70 application fee, identification and supporting documentation (if required).

You will be notified by mail when your application is complete.

### **How do I get in contact?**

Privacy Officer  
Mildura Base Public Hospital  
PO Box 620  
Mildura Vic. 3502

Telephone: (03) 5022 3303 Facsimile: (03) 5022 3306 Email: [MBPH-Privacy@mbph.org.au](mailto:MBPH-Privacy@mbph.org.au)

Please note that the FOI process and associated charges do not apply if you simply require information to be transferred from MBPH's medical record(s) to your medical practitioner for ongoing care purposes. Your medical practitioner may request information in writing but it must be accompanied by your written consent.