

Freedom of Information Application

This form must be accompanied by:

- **\$30.60** (non-refundable) application fee; and
- A photocopy of a form of identification which has a photograph (e.g. Drivers Licence)
- Supporting documentation if you are applying for another person's information

FOI requests (if approved), incur the following charges:

- Application Fee of \$30.60
- Search charge of \$20.00 or part thereof per hour;
- Photocopying charge @.20 cents per A4 page
- Viewing charge of \$5.20 per 15 minutes (if applicable)

DETAILS OF APPLICANT	
Name of Person Making this request	Surname
Dr / Mr / Mrs / Ms / Miss	Given Name
Date of Birth	_____/_____/_____
Postal address	
Telephone Number/s	
Email Address	
Full name of person you are requesting information on	Surname Given Names
Date of Birth	_____/_____/_____
Relationship to person you are requesting information on	

Form of Access Required:

I request a copy of the documents YES / NO

I request to inspect the documents YES / NO

Other, please complete the following statement

I hereby authorise
(Name of person authorising release) (Name of authorised person)

to obtain a copy of the documents relating to on my behalf.

..... Dated:/...../.....
(Signature of Person Authorising Release)

Please list any other information which will help us locate your medical record, for example date/s of admission, presentation to Urgent Care Centre, reason for admission, type of illness/surgery and/or specific parts of the medical record etc.
Declaration: I understand that charges will be made in respect of this request and I will be supplied with an Invoice that I will pay.
Signature: Date:/...../.....

If you require further assistance, please contact the FOI Officer on (03) 54 565 306 Please return your FOI Application Form with a cheque or money order for \$30.60 made payable to Cohuna District Hospital for commencement of your Application enclosing a photocopy of your identification (eg. Driver License) and forward to FOI Officer, P.O. Box 317, COHUNA VIC 3568 or email foi@cdh.vic.gov.au

NOTIFICATION OF REFUSAL

To the applicant:

Your request for access / correction to _

Has been carefully examined and a decision made to deny your request for the following reason/s:

Alternative access could be arranged by way of a summary or an explanation.

Please contact me if you wish to have access in this way.

Your request for correction statement will be attached to the file to indicate that
a request to change the information was made
