

# Freedom of Information Application Form

### Information for Applicants

Under the terms of the Freedom of Information Act 1982, provision is made for members of the public to access records held by public hospitals. You can make a request yourself, or you can authorise another person (for example, a solicitor) to make a request on your behalf. If you want someone to make a request on your behalf for your personal information, you must give them your written authorisation. Should a person wish to access information from our records, the form below must be completed, in accordance with the terms of the Freedom of Information Act.

**This form must be accompanied by:**

- **Proof of identity** *(Please provide copy of one of the following forms of identification):*
  - Passport     Drivers licence     Birth certificate     Pension/Health Care Card
  - Medicare Card
- **A \$30.10 application fee must accompany this form before the processing of this request can proceed.**

**APPLICANT DETAILS**

*(Details of the person seeking the information)*

**Surname:** ..... **Given Name(s):** .....

**Date of Birth:** ..... **Email** .....

**Address:** .....

.....

**Telephone Contact Number(s):** .....

**Previous Name (if applicable):** .....

**Previous Address (if applicable):** .....

**DETAILS OF REQUEST**

*(Please clearly indicate the reason for requesting Documents/Information)*

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**Name:** ..... **Signature:** .....

**Date:** .....

**Complete this section if seeking access to a medical record *other than your own*:**

Surname:..... Given Name(s):.....

Date of Birth:.....

Address:.....

Reason for accessing information:.....

Applicant's relationship to person listed above:.....

Patient's authority to release information:.....  
(Or Senior Next of Kin or MPOA)

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**DETAILS OF REQUEST**

*(Please clearly indicate the reason for requesting Documents/Information)*

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Name:..... Signature:.....

Date:.....

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**Once form is complete, please address to:**

Orbost Regional Health  
Freedom of Information Department

**Post:** PO Box 238 Orbost VIC 3888

**Email:** [FOI@orh.com.au](mailto:FOI@orh.com.au)

**Fax:** (03) 5154 2366

**OFFICE USE ONLY:**

Date Application Received:..... UR Number.....

Date Documents Posted:..... Total Amount Paid \$.....

Request Completed By:.....