

Freedom of Information Request



Note: This form is not required if you would like this information transferred to another practitioner or treating team for ongoing care and management. This will be transferred directly to the appropriate person upon your consent, without cost. We will automatically release this information to you referring doctors/ hospitals, unless you direct us not to, and will also provide them with additional information as they request it, to assist in your ongoing care.

Date of Request: _____

Information Required

I wish to access the following (where they exist) (please tick as appropriate)

- Acute/ Community medical record at Corryong Health (includes Urgent Care Centre, Day Procedure, Allied Health & Home and Community Care Notes)
- Medical Clinic notes (printed from electronic file)
- Other (please specify) _____

I wish to have access to information pertaining to the following date range(s) (this may be approximate, cannot be in the future):

Information required (e.g. whole record, x-ray reports, pathology results, date of birth, date of admission only):

Access Required

I request the following form(s) of access:

- View the originals (at the approval of Corryong Health- appointments are required)
- Obtain copies of the originals (20c per copy)
- Obtain a report summarising contact with Corryong Health (this option is at the discretion of Corryong Health and may attract a fee)

Please Enclose:

- Proof of identification (e.g. photocopy of drivers license)
- Application fee of \$30.60 or photocopy of current Health Care or Pension Card

Patient/ Client Details:	
Applicants Name:	
Previous Name (if applicable):	
UR No:	DOB:
Postal Address	
Telephone (work)	(Home)
Signature:	

Applicant Details (if not the patient/ client) Patient/ Client consent must be attached	
Applicants Name:	
Postal Address:	
Telephone (work)	(Home)
Signature:	

I accept responsibility for payment of the application fee of \$30.60 (nil for pensioners/ health care card holders) plus an additional charge of 20 cents per page (where I have obtained copies). I note that Corryong Health has a statutory time frame of 45 days from receipt of this letter. I understand that no information will be released until any fees are paid in full. I also understand that should I request a report, a different fee is required for obtaining a report by Doctor summarising my contact with Corryong Health. Please note that no requests are valid unless accompanied by application fee or pensioners health care card.