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FOI APPLICATION EH 274600

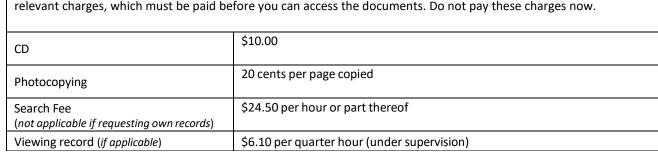
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FREEDOM OF INFORMATION APPLICATION Page 1 of 3    Siven Name	Eastern	Health 🦰	Surname:		
APPLICATION Page 1 of 3  Date of Birth:	FREEDOM OF	INFORMATION	Given Name:		
Patient Details  Surname   Given Name(s)   Address   Phone (home)   Phone (other)   Date of Birth   UR No. (if known)   Email address   Applicant Details (if different from above)  Surname   Given Name(s)   Applicant Details (if different from above)  Surname   Given Name(s)   Address   Phone (home)   Phone (other)   Email address   Relationship to   patient   Complete this section if seeking access to a medical record other than your own  Patient competent   I,		_			
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Complete this section if seeking access to a medical record other than your own  Patient competent  I,	Relationship to				
Patient competent  I,	3			documents (e.g.	guardianship order)
Patient competent  I,	Complete this section if	f seeking access to a m	edical record othe	er than your own	
I,					
authorise the Applicant identified above to access the documents identified below from my confidential medical record held by Eastern Health  Signed	Patient competent				
authorise the Applicant identified above to access the documents identified below from my confidential medical record held by Eastern Health  Signed	I.	of			
record held by Eastern Health  Signed					
Date			the documents ide	ntified below from my confide	ntial medical
Patient not competent - e.g. child, advanced dementia, severe brain injury  Patient not competent to consent → go to 'Documents Requested' section  Attach copy of any relevant legal documents (e.g. Power of Attorney, Guardianship order)  Deceased patient - Date of Death/  Are you the deceased patient's senior next of kin?  YES → go to 'Documents Requested' section  NO → Does the deceased patient's senior next of kin freely consent to you accessing the patient's confidential medical record?  I, of	•		Date	/ /	
Patient not competent to consent → go to 'Documents Requested' section  Attach copy of any relevant legal documents (e.g. Power of Attorney, Guardianship order)  Deceased patient - Date of Death/  Are you the deceased patient's senior next of kin?  YES → go to 'Documents Requested' section  NO → Does the deceased patient's senior next of kin freely consent to you accessing the patient's confidential medical record?  I, of					
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authorise the Applicant identified above to access the documents identified below from the deceased patient's confidential medical record held by Eastern Health	l,	of			
confidential medical record held by Eastern Health					
Signed Date / /	authorise the Applicant ic	dentified above to access	the documents ide		
	Signed		Date		

<b>Eastern</b>	Heal	th 🤚

JR Number: _					
Surname:					
Given Name: _					
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FREEDOM OF INFORMATION Given Name:					
APPLICATION	_	e of Birth:	1	/	Sex: M / F
Page 2 of 3		_		al ID Label If Availab	ole
Documents Requested					
Emergency Department attendance of	dated/	_/			
Admission dated//	_				
Part of medical record (please specify	/)				
Outpatient notes dated/	/				
Radiology/ Pathology results dated _					
Complete medical record					
$\ \ \square$ Time of Birth $ ightarrow$ Provide details of ba	by's mother:	(1) Maide	n name		
(2) Married name		(3) Dat	e of birth (of b	oaby's mother) _	
Site/s or Services Attended					
Angliss Hospital	Box Hill Hospital		_	ah Hospital	
	Wantirna Health		_	le Hospital & Yar	•
	Jpton House			Point Drug and Al	
	Martin Luther Ho	mes	_	Centre Against Se	
Blackburn Public Surgical Centre			Other		
Additional Information					
Type of Access Requested					
Information will be sent electronically via	secure portal un	less a pap	er copy or CD i	s requested. Plea	ise tick below for
alternate access.	Time a of D	سمختما حاجب:	/fa		
Photocopy (if available - see note above) Time of Birth letter (for time of birth request)  View the original documents  Copy on CD (if available - see note above)					
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Fees and Charges					
Application Fee		_			
A \$32.70 application fee must accompan fee, provide a photocopy of your valid H	•	-	_	•	
Access Charges	carer care cara o	1 1 61131011	cara or other	evidence of hard	Silip.
In addition to the application fee, the foll	_	-		-	
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CD	\$10.00				
Photocopying	20 cents per pag	ge copied			
Search Fee	\$24.50 per hour	or nart th	ereof		
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UR Number: _			
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Given Name:			
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FOI APPLICATION

EH 274600

FREEDOM OF INFORMATION **APPLICATION** Page 3 of 3 Affix Hospital ID Label If Available Payment Methods (for application fee \$32.70) Cheque - Make cheque payable to "Eastern Health" **Direct Deposit** Account Name: Eastern Health BSB: 083-153 Account No: 5152 64726 Cash -Payable at Cashier Office between 8:30am and 4:00pm. Do not post Bank: National Australia Bank, Box Hill cash. 3128 Vic Ref: Eastern Health patient number Visa MasterCard Other (specify) **Credit Card Type** Name on card Card number CVV **Expiry Date FOI Application Completion Checklist** Complete all relevant sections of this form, including signature and date below Include \$32.70 application fee OR copy of applicant's valid Health Care Card or Pension Card (for fee waiver) Attach Applicant's photo identification (e.g. copy of driver's licence or passport) Attach copy of any relevant legal documents (e.g. Power of Attorney, Guardianship order, Family Court order, Death Certificate) Return completed application to the FOI Service at Eastern Health via: Email: foi@easternhealth.org.au (preferred option) OR Postal address: **EH FOI Service Health Information Services** Maroondah Hospital **PO BOX 135** Ringwood East VIC 3135 OR Fax: (03) 9871 1653 Please Note: Your application will be processed in accordance with the Victorian FOI Act. If your request is not clear or you have not provided the necessary supporting documents we will contact you. Your information will be used to process this request and will be handled in accordance with Victorian privacy laws. We have 30 days to send a decision from the date a valid request is received. Extensions may apply. You do not have a right to access documents that fall within one of the 'exemption' categories in the FOI Act. Any documents released to you will be sent via electronic transfer or where applicable, registered post. If you have any queries, please contact the FOI Service on (03) 9871 3170 Applicant's Signature Date: (Sign after printing)