

## Freedom of Information (FOI) Application Form

Between 1 July 2025 and 1 January 2026, requests for access to information made to Bass Coast Health under the Freedom of Information Act 1982 (Vic), will be administered by Alfred Health. All relevant decisions will be made by Bass Coast Health. **All enquiries about your application should be directed to [LSS@alfred.org.au](mailto:LSS@alfred.org.au)**

The application will not be processed until we receive your personal identification and the mandatory application fee.

### PATIENT DETAILS

Title: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Previous surname (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email address: \_\_\_\_\_ Contact number(s): \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

### PROOF OF IDENTIFICATION

☐ Copy of current photo ID with signature is **mandatory**.

### ARE YOU A REPRESENTATIVE OF THE PATIENT?

Title: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

### AUTHORITY FOR A REPRESENTATIVE TO ACT

#### Please provide additional supporting documentation:

1. Copy of representative's personal identification; and
2. Patient's written authorisation below.

I, [name] \_\_\_\_\_ give permission and authorisation for my representative to act on my behalf and have access to any information requested.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### If the patient is deceased, please provide:

1. The written authorisation of the person's senior available next of kin;
2. Proof the senior available next of kin is over 18; and
3. A copy of the death certificate.

**The documents you are requesting access to:**

- ☐ Please identify, describe or outline the document(s) you are seeking access to:
- ☐ Full copy medical records
  - ☐ Part copy medical records (*please specify dates and particular information you require*)

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- ☐ Include records prior to August 2022 (**Paper History - stored offsite**)
- ☐ **TIME OF BIRTH REQUEST:** please provide your Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mother's Name: \_\_\_\_\_

Please request **RADIOLOGY** images directly from the external radiology provider; IMED prior to October 2024, Imaging Associates post October 2024.

**FEES AND PAYMENT**

Application fee: **\$33.60** Mandatory and non-refundable.  
\*If paying the application fee will cause you financial hardship, please provide a copy of your concession or healthcare card so that we may assess eligibility for a fee waiver.

**FOI request will not be processed until the application fee or fee waiver evidence is received. We will contact you by email to arrange your payment.**

Printing of medical records: **\$0.20 per page** (Black and white copies only)

Records emailed via secure Link:  
**\$40.00** for 1<sup>st</sup> 1000 pages, plus  
**\$20.00** for every subsequent 1000 pages

USB: **\$10.00** per USB

Express Post: **\$10.00**

**Please email your signed application form with proof of identification to:**

**EMAIL: [LSS@alfred.org.au](mailto:LSS@alfred.org.au)**

**Checklist for Application:**

1. Completion of Application Form sent via email: [LSS@alfred.org.au](mailto:LSS@alfred.org.au)
2. Photo ID (License, Passport) sent with application form.
3. Fee Waiver requires provision of Pension/Healthcare Card sent via email.
4. Upon receipt of your request, we will contact you to arrange payment of the application fee either by credit card or by invoice. Please note credit card details are not held/stored by Bass Coast Health post processing of the application. Bass Coast Health is no longer able to accept payment by cheque.

*I acknowledge and agree to pay the above costs. I understand that the Freedom of Information Officer has up to 30 days to make a decision regarding this request, but in accordance with the Freedom of Information Act this period may be extended by not more than 15 days in order to consult with third parties that are the subject of the requested information, or in any case by a period of not more than 30 days where I agree. As stated under the Freedom of Information Act, requests may be denied if deemed to be too voluminous, and in that case I will be given an opportunity to consult with Bass Coast Health regarding the size and form of the request.*

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_