



APPLICATION FOR ACCESS TO DOCUMENTS of Next of Kin or Child



Applicant Details:

Mr/Mrs/Miss/Ms/Dr (please circle) Surname:..... Given Names.....
 Surname at time of admission/episode (if different from above).....
 Date of Birth:.....Telephone number(s):(H).....(W).....
 Address:.....
State:.....Postcode:.....

Are you applying for information about another person? Yes/No (please circle)
 If yes, please describe your relationship to this person..... and **complete the details below.**

Mr/Mrs/Miss/Ms/Dr (please circle) Surname:.....Given Names.....
 Surname at time of admission/episode (if different from above).....
 Date of Birth:.....Telephone number(s):(H).....(W).....
 Address:.....
State:.....Postcode:.....

If you are applying on behalf of someone else, you must provide identification which clearly shows that you are the closest relative to the subject of the application eg birth certificate, marriage certificate, death certificate in addition to providing personal identification. If you are not the closest relative, you must provide written authorisation from the client or closest relative permitting you to access the information

Details of Request:

Describe clearly the documents you wish to access (include dates, location, subject matter or any other information which would help identify the document)

Reason for Request:

Please outline the reason you wish to access the documents:.....

Form of Access: (please circle)

I wish to inspect the document(s)	No	Yes	
I wish a copy of the document(s)	No	Yes	
I require access in another form	No	Yes	(Please specify)

Fees and Charges:

I acknowledge that I may be charged a fee for this service. If you have a pension or healthcare card the application fee is \$10.

Application fee	\$28.90	Includes GST
Search and Retrieval fee (off-Site)	\$20.90	(Includes GST)
CD (information on CD not paper)	\$10.00	(Includes GST)
❖ Photocopying per copy	\$ 0.20	(Includes GST)

❖ Please note that after assessment of the volume of the documents, you may be charged a photocopy fee of 20c per page.

I have attached a photocopy of my passport or drivers license and Pension or HCC. Yes/No (please circle)

APPLICANT'S SIGNATURE:.....**DATE:**.....

(Mail or fax your request to Privacy Officer, HIS, Djerriwarrh Health Services, P.O. Box 330, Bacchus Marsh Vic 3340 or FAX (03) 5367 4537)

Hospital Use Only: UR No:.....	Received on:.....
Processed By:.....	
Comments:.....	