



APPLICATION FOR ACCESS TO DOCUMENTS

Applicant Details:

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

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:

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 Specify.....

Fees and Charges:

I acknowledge that I may be charged a fee for this service.
 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)

{If you have a pension or health care card the application fee is \$10, inclusive of GST. Will exclude photocopying and CD costs}

❖ 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

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

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

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

