### Fees and charges

**Charges for processing an application for access:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application fee for access to documents</td>
<td>$35.00</td>
</tr>
<tr>
<td>Documents concerning your personal affairs (first two hours are free)</td>
<td></td>
</tr>
<tr>
<td>All other documents fee</td>
<td>$13.10</td>
</tr>
<tr>
<td>Photocopying of documents</td>
<td>$0.20</td>
</tr>
<tr>
<td>Written transcript of words recorded or contained in documents</td>
<td>$7.85</td>
</tr>
<tr>
<td>Photographs, x-rays, video tapes, CD</td>
<td>(the actual cost incurred in producing the copy)</td>
</tr>
</tbody>
</table>

**Charges for processing an application for internal review:**

- The fee for making an application for review of a determination: $35.00

**Charges for processing an application for amendment:**

There are no fees or charges payable in relation to making an application for an amendment.

**Waiver or reduction of fees**

The application fee and all other charges must be waived if the Southern Adelaide Local Health Network is satisfied that the applicant is a concession card holder or that the payment of the fee would cause financial hardship to the person.

To be eligible for a waiver of fees, you will be required to provide proof of your concession card (pension card, health care card, student card etc.) or proof of financial hardship.

**Proof of identity**

Proof of identity must be provided with all applications (i.e. a photocopy of your driver’s licence, passport, birth certificate).

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**Timeframes for dealing with applications**

Applications for access to documents and applications for amendment of documents must be dealt with in 30 (calendar) days after the application is received.

**Extension of time limit**

The Principal Officer of SALHN may extend the period within which the application would be dealt with, if the application is for access to large number of documents or necessitates a search through large amount of information.

**Internal Review**

- Application for review of determination must be lodged within 30 days after the day on which the notice of determination is given to the applicant.

Applications for Internal Review of Determination must be dealt with in 14 (calendar) days.

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**For more information**

SALHN Freedom of Information Office
2nd Floor, near Cashier
Flinders Medical Centre
Flinders Drive, Bedford Park SA 5042
Telephone: 8204 5514
Fax: 8204 3921
Email: health.SALHINFOI@sa.gov.au

Business Hours: Mon to Fri 9am to 4pm

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**Request for Information Under the Freedom of Information Act 1991**

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Request for Information Under the Freedom of Information Act 1991

Applicant Details
Surname: (Mr, Mrs, Miss, Ms) .................................................................
Given Name: ............................................................................................
D.O.B: .................................................................................................
Address: ............................................................................................... 
Suburb: ....................................................................................................
Postcode: ............................................................................................... 
Telephone: ..............................................................................................
Email: ......................................................................................................

Is this person:  
☐ Alive  
(please complete Authority for the Release of Personal Information form)
☐ Deceased  
(please complete Authority for the Release of Personal Information form)
☐ Child

Details of request
I request access to document(s) concerning:

Payment
☐ Eligible for fee waiver (supply copies of supporting documents)
☐ Payment in person
☐ Enclose cheque/money order to the value of $35.00 to cover the application fee

Or
Pay by Credit or Debit Card:
Cardholders Name  ..................................................................................
Card Number  ..........................................................................................
Deduct $35.00 Application Fee
Expiry Date / Security Code (CCV) ....................................................... 

EFT
Bank: Commonwealth Bank of Australia
Branch: 96 King William Street, Adelaide 5000
BSB: 065 266
Account: 10020734
Account Name: SALHN Oracle Operating
SWIFT Code: CTBAAU2S

The above details will be destroyed after the transaction has been completed.
I understand that conclusive proof of identification, patient authority and payment of all appropriate processing fees will be required prior to document access and release.

Name and signature of applicant
Name: ....................................................................................................
Signature: ............................................................................................
Date: ....................................................................................................