### Fees and charges

#### Charges for processing an application for access:

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application fee for access to documents</td>
<td>$36.75</td>
<td>GST exempt</td>
</tr>
<tr>
<td>Documents concerning your personal affairs (first two hours are free)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>thereafter,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$13.80 per 15 minutes applies</td>
</tr>
<tr>
<td>All other documents fee</td>
<td>$13.80 per 15 minutes applies</td>
<td></td>
</tr>
<tr>
<td>Photocopying of documents</td>
<td>$0.20 per page</td>
<td></td>
</tr>
<tr>
<td>Written transcript of words recorded or contained in documents</td>
<td>$8.25 per page</td>
<td></td>
</tr>
<tr>
<td>Photographs, x-rays, video tapes, CD</td>
<td>(the actual cost incurred in producing the copy)</td>
<td></td>
</tr>
</tbody>
</table>

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

- The fee for making an application for review of a determination: $36.75

#### 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).

### 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.SALHNFOI@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

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

If you are seeking access to third party medical records (please complete the following)
Your relationship to the person whose medical records you are requesting
Surname: (Mr, Mrs, Miss, Ms)  
Given Name:  
D.O.B.: / /  
Address:  
Suburb:  
Postcode:  
Telephone (private):  
Email:  

Is this person:  
☐ Alive  
☐ Deceased  
☐ Child

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

Request access to Medical Records held at the following location(s)
☐ Flinders Medical Centre  
☐ Repatriation General Hospital  
☐ Noarlunga Hospital  
☐ Intermediate Care Services & Aboriginal Health  
☐ Mental Health Services

Form of Access
Please tick one of the following:  
☐ I require a copy of the documents  
☐ I wish to inspect the documents

Payment
☐ Eligible for fee waiver (supply copies of supporting documents)  
☐ Payment in person  
☐ Enclose cheque/money order to the value of $36.75 to cover the application fee

Or
Pay by Credit or Debit Card:
Cardholders Name  
Card Number  
Deduct $36.75 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: CTBAU25

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:  