

Fees and charges

Charges for processing an application for access:

Application fee for access to documents	\$39.00 GST exempt
Documents concerning your personal affairs (first two hours are free)	thereafter, \$14.70 per 15 minutes applies
All other documents fee	\$14.70 per 15 minutes applies
Photocopying of documents	\$0.25 per page
Written transcript of words recorded or contained in documents	\$8.55 per page
Photographs, x-rays, video tapes, CD	(the actual cost incurred in producing the copy)
Any postal or delivering charges incurred	

Charges for processing an application for internal review:

The fee for making an application for review of a determination	\$39.00
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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.

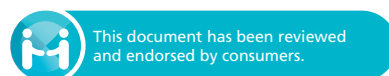
Applications for Internal Review of Determination must be dealt with in **14 (calendar) days**.

Please return completed forms and cheques/
money order to:

For more information

SALHN Freedom of Information Office
Flinders Medical Centre
Flinders Drive, Bedford Park SA 5042
Telephone: 8204 5514
Email: health.SALHNFOI@sa.gov.au

Business Hours: Mon to Fri 9am to 4pm



Request for Information Under the

Freedom of Information Act 1991

Flinders Medical Centre

Noarlunga Hospital

Repat Health Precinct

Mental Health Services

**Intermediate Care Services &
Aboriginal Health**

Request for Information Under the Freedom of Information Act 1991

Applicant Details

Surname:

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:

Given Name:

D.O.B: / /

Address:

Suburb:

Postcode:

Telephone (private):

Email:

Is this person:

- Alive
(complete Authority for the Release of Personal Information form)
- Deceased
(complete Authority for the Release of Personal Information form)
- 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
- Repat Health Precinct
- 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 \$39.00 to cover the application fee

Or Pay by Credit or Debit Card:

Cardholders Name

.....

- Visa
- Mastercard

Card Number

.....

Deduct **\$39.00** 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

* Please provide proof of payment

** The above details will be destroyed after the transaction has been completed

Name and signature of applicant

Name:

Signature:

Date: