

Release of Information - Public Request Form



I, Date of Birth:
(Applicant / Requestor's Full Name)

of
.....
.....
(Address)

Telephone: Email:

Wish to request documents from the following location(s) within the Barossa Hills Fleurieu Local Health Network (BHFLHN):

- | | | |
|---|---|--|
| <input type="checkbox"/> Anchusa Nursing Home | <input type="checkbox"/> Hills Southern Fleurieu Kangaroo Island Community Health Service | <input type="checkbox"/> Mount Pleasant District Hospital |
| <input type="checkbox"/> Angaston District Hospital | <input type="checkbox"/> Country Health Connect – Inner North | <input type="checkbox"/> Rural and Remote Mental Health Service |
| <input type="checkbox"/> Carnarvon Hostel | <input type="checkbox"/> Kangaroo Island Health Service | <input type="checkbox"/> Southern Fleurieu Health Service |
| <input type="checkbox"/> Eudunda Hospital | <input type="checkbox"/> Kapunda Hospital | <input type="checkbox"/> Strathalbyn and District Health Service |
| <input type="checkbox"/> Gawler Health Service | <input type="checkbox"/> Kalimna Hostel | <input type="checkbox"/> Tanunda War Memorial Hospital |
| <input type="checkbox"/> Gumeracha District Soldiers' Memorial Hospital | <input type="checkbox"/> Mount Barker District Soldiers Memorial Hospital | |
| <input type="checkbox"/> Other:.....
(Please Specify) | | |

I would like to request:

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.....
.....
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.....

(Details of Documents or Information Sought, Add Additional Pages if Necessary and See Attached for Guidance.)

I have attached:

A copy of my photo ID (driver's licence or similar); or

ID Sighted/Verified by Staff Member:

.....
(Staff Name and Date)

I am applying for information regarding / on behalf of another person and have also attached a completed 'BHFLHN Authority for the Release of Personal Information' form *(if applicable)*.

Signed: Date:
(Applicant / Requestor's Signature)

Note: Forms requesting access may be submitted to any health site or service within the Barossa Hills Fleurieu Local Health Network, or emailed Health.BHFLHNFOI@sa.gov.au, for forwarding to the relevant location.

For more information

Barossa Hills Fleurieu Local Health Network
Freedom of Information Team
Mt Barker District Soldiers' Memorial Hospital
87 Wellington Road
PO Box 42
Mt Barker SA 5251
Telephone: 1300 391 315 (general enquiries)
Email: Health.BHFLHNFOI@sa.gov.au
www.sahealth.sa.gov.au/barossahillsfleurieulhn

 Follow us at: www.facebook.com/BHFLHN

