

DHELKAYA HEALTH

FREEDOM OF INFORMATION REQUEST

Dhelkaya Health brings together Castlemaine Health, Maldon Hospital and CHIRP Community Health

Under the Freedom of Information Act 1982 (Vic), every person has the right to request access to documents held by Victorian public sector agencies and Ministers. This right of access is subject to exceptions and exemptions necessary to protect public and private interests.

MAKING A VALID REQUEST

Under section 17 of the Freedom of Information (FOI) Act, a request must meet three requirements to be valid:

1. Applications must be in writing using either the following application form or via a letter;
2. Sufficient details must be provided about the documents you are requesting to enable us to identify and locate relevant documents; and
3. The application fee must be paid. If payment of the application fee would cause you hardship, you can request us to waive the fee in full or part. Further information regarding the application fee is detailed below.

For more information on how to make a valid FOI, visit the Office of the Victorian Information Commissioner (OVIC) website www.ovic.vic.gov.au.

AFTER YOU SUBMIT A REQUEST

After you submit a request, we will assess it to ensure it meets the requirements outlined in section 17 of the FOI Act. If we determine that your request is not valid, we will notify you within 21 days from the date we received your request and provide you with assistance to help you make the request valid. If your request is valid, we will begin processing it.

TIMEFRAMES

We have 30 days from the day after we receive your valid request to provide you with a decision. However, we can extend this time by up to 15 days if we need to consult with third parties whose information may be contained in the requested information. We may also extend this time by up to 30 days with your agreement. We will let you know if the timeframe changes.

APPLICATION FEE

The application fee is set by the Victorian Government each financial year and is non-refundable. **As of July 1, 2025 the application fee is \$33.60.** Upon receiving your request, an invoice for the application fee will be sent to you.

If paying the application fee would cause you hardship, you may request that we waive the fee in full or in part. If you request a waiver, please provide certified* evidence to show why paying the fee would cause you hardship (ie. both sides of Concession/Health Care Card) with the request. We will assess your fee waiver request and let you know the outcome.

* Refer to the 'Proof of Identification' section for definition of 'certified'

OTHER CHARGES

In addition to the application fee, we may require you to pay certain charges before access is provided to the requested documents. These charges are set by the Victorian Government. If these charges exceed \$50.00, we will notify you and request that you pay a deposit before proceeding with your request. **As of July 1, 2025 the following access charges are:**

- Search Fee - \$24.50 per hour or part thereof if the health information is stored off site
- Photocopying - 20 cents per A4 page
- Registered Post (signature on collection) - dependent upon the amount of health information requested
- Supervision Fee (viewing the information in person) - \$6.00 per quarter hour or part thereof

Access charges (if applicable) will be invoiced separately after your application is processed. We will advise how the charges were calculated in our written decision.

FREEDOM OF INFORMATION APPLICATION FORM

Please read through the form before entering details to ensure all the relevant sections are completed

1. APPLICANT (DETAILS OF PERSON COMPLETING THE FORM)

| | | |
|-----------------------|------------------|-----------|
| Given Names: | Surname: | |
| Previous/Maiden Name: | | |
| Date of Birth: | | |
| Phone Number: | | |
| Email Address: | | |
| Address: | | |
| Suburb: | State/Territory: | Postcode: |

2. DETAILS OF THE INDIVIDUAL YOU ARE REQUESTING HEALTH INFORMATION FOR

If same as the applicant, proceed to section 3. If not requesting health information, proceed to section 7

| | | |
|--|------------------|-----------|
| Given Names: | Surname: | |
| Previous/Maiden Name: | | |
| Date of Birth: | | |
| Phone Number: | | |
| Email Address: | | |
| Address: | | |
| Suburb: | State/Territory: | Postcode: |
| Relationship to patient (ie. parent, spouse, child, guardian, lawyer): | | |

Proceed to section 4

3. EVIDENCE OF AUTHORITY TO ACCESS HEALTH INFORMATION REGARDING YOURSELF

If you are requesting health information relating to yourself, please sign below and provide a certified* copy of your photo identification that includes your signature, with this application (ie. driver's licence, passport, student card, proof of age card).

If you have changed your name, also include a certified* copy of the documentation showing the change of name (ie. marriage certificate, change of name certificate).

Signature:..... Date:.....

* Refer to the 'Proof of Identification' section for definition of 'certified'

Proceed to section 7

4. EVIDENCE OF AUTHORITY TO ACCESS HEALTH INFORMATION FOR ANOTHER INDIVIDUAL

Select the applicable option and perform each listed requirement

A) Request relating to another living individual aged 18 or older

- The individual whose health information you are requesting must complete section 6
- Provide certified* evidence that you (as the applicant) have the authority to access the information on behalf of the individual
- Provide a certified* copy of your photo identification that includes your signature

B) Request relating to a deceased individual

- The most senior available next of kin of the deceased individual must provide written authorisation. Refer to section 6
- Provide a certified* copy of the individual's death certificate
- Provide a certified* copy of your photo identification that includes your signature

C) Request relating to an individual under the age of 18 OR under a guardianship

- Either the parent(s) or the legal guardian(s) may make a request by completing section 6
- Provide a certified* copy of the Guardianship or Family Court order, or the individual's birth certificate
- Provide a certified* copy your photo identification that includes your signature

* Refer to the 'Proof of Identification' section for definition of 'certified'

5. PROOF OF IDENTIFICATION

All copies of information you provide to Dhelkaya Health to show proof of identification, proof of authority, etc must be certified. 'Certified' means the copy has been verified as a true copy of an original document. Certification of a document must be done by an Authorised Certifier (ie. Pharmacist, Police Officer).

Visit www.justice.vic.gov.au/certifiedcopies for a full list of people authorised to certify copies of original information.

6. AUTHORITY TO ACCESS HEALTH INFORMATION FOR ANOTHER INDIVIDUAL

Indicate which of the following applies to your application

☐ **Request for health information relating to another individual aged 18 or older**

The individual whose health information you are requesting **must** sign the authorisation below. If they are unable to sign, you must provide evidence that you have the authority to access their health information (ie. Medical Power of Attorney, Guardianship order)

I,
(full name of the other individual)

of
(address of the other individual)

do hereby authorise Dhelkaya Health to release the health information identified in section 7 to the applicant identified in section 1.

Signature:..... Date:.....
(signature of the other individual)

Enclose a certified* copy of:

- Either
 - The individual's identification (ie. driver's licence, passport, student card, proof of age card)
 - Medical Power of Attorney
 - Guardianship order
- Your photo identification that includes your signature
- If applicable, documentation showing the individual has changed their name (ie. marriage certificate, change of name certificate).

☐ **Request for health information relating to a deceased individual**

If the individual is deceased, the individual's most senior available next of kin must provide written authorisation and provide evidence to demonstrate how they are the next of kin

I,
(name of deceased individual's most senior available next of kin)

of
(address of deceased individual's most senior next of kin)

do hereby authorise Dhelkaya Health to release the health information identified in section 7 to the applicant identified in section 1.

I also declare that this request does not breach any court orders or legal proceedings

Signature:..... Date:.....
(signature of the deceased individual's most senior next of kin)

Enclose a certified* copy of:

- The individual's death certificate
- Your photo identification that includes your signature

☐ **Request for health information relating to another individual under the age of 18**

Signed authority must be obtained from both parents/legal guardians. If this can't be obtained, provide evidence that you have the right to access the requested information. If the parent's/legal guardian's surname is different, a certified* copy of the individual's birth certificate is required as proof of parentage

I also declare that this request does not breach any court orders or legal proceedings

Signature:..... Date:.....

Signature:..... Date:.....

Enclose a certified* copy of:

- Either
 - Guardianship order
 - Family Court order
- Your photo identification that includes your signature
- If applicable, the individual's birth certificate

7. DOCUMENTS REQUESTING ACCESS TO

Clearly describe or outline the documents you are seeking access to (ie. subject matter, type of information). Please include date ranges if known. If exact dates are unknown, the year is helpful.

8. SUBMITTING THE REQUEST

Mail: Freedom of Information Officer
Health Information Services
Castlemaine Health
PO Box 50
Castlemaine Vic 3450

Email: medrec@castlemainehealth.org.au

Fax: (03) 5471 3609

If you are unable to send your request via these methods, please contact us to discuss other options on (03) 5471 3549

9. FURTHER ASSISTANCE

If you have a question about making a request or want to discuss your request further, please contact us on (03) 5471 3549 or medrec@castlemainehealth.org.au

More information about the Freedom of Information process can also be found at the Office of the Victorian Information Commissioner (OVIC) website www.ovic.vic.gov.au.