

Strategic Objective:

1. Excellence In Service Delivery



POLICY : 1.4 Quality

PROCEDURE: 1.4.5 **Freedom Of Information**

Approval By:	CEO	Approval Date:	15-05-2014
Document Owner:	Manager Systems & Risk	Next Review Date:	12-09-2016

Purpose To enable QEC to comply with the Victorian Freedom of Information Act 1982.

The Victorian Freedom of Information Act gives consumers the right to request information held by Public Hospitals. The Act gives consumers the right to access documents about their personal affairs and the activities of government agencies and the right to request that incorrect or misleading information held by QEC about them be amended or removed. Applicants have the right to request their documents, however access may be denied due to exemptions stated in the Act.

Target Audience All Staff

Definitions FOI – Freedom of Information
FOI Officer – an organisation is required to have a dedicated FOI Officer to process any FOI request. Systems and Risk Manager is appointed person at QEC

Procedures **Freedom Of Information Request**

All requests for information under the Freedom of Information Act must be written and forwarded to Administration Support including proof of identity with the address where information will be forwarded and current application fee payment. Form 1008 Freedom of Information Access Request can be downloaded from QEC website: www.qec.org.au, or sent on request from Administration Support.

Once QEC receives a completed FOI Access Request Form 1008 with the relevant ID attached, the request is logged in the FOI Register, initiate the 30 days to complete the process, or due date for court subpoena.

The relevant information requested is located and form is updated. The FOI Access Request Form 1008 attached to the front of the documents. Pages 1 and 2 are completed and given to the FOI Officer for authorisation of processing. Quote of cost is to be estimated, the application fee/deposit is then forwarded to the Finance Department for receipt. FOI Officer delegates review of the file to the appropriate Clinical Worker.

The reviewer utilises the FOI request processing Form 1007 to review the file which needs to be completed within 30 days or by the due date. The reviewer then completes pages 2 & 3 for outcome of request and time spent on FOI request. All files are then returned to Administration Support.

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Administration Support then completes Page 3 of the FOI Request Processing Form 1007 and calculates the associated costs of processing the FOI request. If the calculated cost is greater than \$50 (including the application fee) then the FOI Requestor is contacted and advised that for the FOI request to continue, a payment must be made prior to the completion of photocopying. If the requestor has indicated that they want the FOI request to proceed, the FOI officer authorises page 4 of the Form 1007 and sends the request to the Finance Department to raise an invoice.

Invoice is sent to the FOI requester and QEC will await payment. The length of times awaiting payment is not included in the 30 days. Once invoice has been paid, the Finance Department issues a receipt to the client. If the request is less than \$50, then Administration Support copy the relevant document as per FOI request and uses template letter FORM 1007. The FOI Officer confirms all documents matches the of Reviewers outcome and authorises the letter. Administration Support then forward the document to the Requestor and update the FOI Request Register and ensure a copy of the information is retained in the client's file.

Related Form FOI Request Guidelines Processing (FORM 1007)
Hyperlinks Freedom of Information Access Request (FORM 1008)

Key Legislation, Acts and Standards

PLEASE PLACE A 'Y' IN THE BLANK COLUMN relating to the applicable standards below:-
 e.g.

1.0 Empowerment	1.1	Understanding Rights & Responsibilities	Y
	1.2	Exercising Rights & Responsibilities	

DHS STANDARDS Listing

1.0 Empowerment	1.1	Understanding Rights & Responsibilities	Y
	1.2	Exercising Rights & Responsibilities	Y
2.0 Access & Engagement	2.1	Services Are clear	
	2.2	Services are delivered	
	2.3	Access to Services	
3.0 Wellbeing	3.1	Services Adoption	
	3.2	Services Participation	
	3.3	Goals Documented & Implemented	
	3.4	Reviews, Evaluations & updates	
	3.5	Delivery is in Safe Environment	
4.0 Participation	4.1	Choice & Control of Service Delivery	
	4.2	Community Participation	
	4.3	Maintaining Connections with Family & Friends	
	4.4	Strengthen Culture Connection - Aboriginal/Torres	
	4.5	Strengthen Cultural, Spiritual &	

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		Language	
	4.6	Life Skills - Develop Sustain Strengthen	

ISO 9001:2008 Listing

4.0 Quality Management System	4.1	General	
	4.2.1	Doc Requirements General	Y
	4.2.2	Doc Requirements Quality Manual	
	4.2.3	Doc Requirements Control of Docs	Y
5.0 Management Responsibility	4.2.4	Doc Requirements Control of records	Y
	5.1	Management Responsibility	
	5.2	Customer Focus	
	5.3	Quality Policy	
	5.4	Planning Inc 5.4.1-5.4.2	
	5.5.1	Responsibility & Authority	
	5.5.2	Management Representative	
6.0 Resource Management	5.5.3	Internal Communication	
	5.6	Management Review	
	6.1	Provision of resources	
	6.2	Human resources	
7.0 Product Realization	6.3	Infrastructure	
	6.4	Work Environment	
	7.1	Planning of Product Realisation	
	7.2	Customer-related Processes	
	7.3	Design & development	
	7.4	Purchasing	
8.0 Measurement, Analysis & Improvement	7.5	Production and service provision	
	7.6	Control of monitoring & measuring devices	
	8.1	Measurement Analysis & Improvement	
	8.2	Monitoring & Measurement	
	8.3	Control of non- conforming Product	
	8.4	Analysis of Data	
	8.5	Improvement	

Key Legislation, Acts and Standards Victorian Freedom of Information Act 1982

Key words FOI, Freedom, privacy, act. Request, access to files



HOSPITAL RECORD

I wish to obtain the following information - Please list the information required:

Approximate year of contact with QEC:

ACCESS TO QEC RECORDS OF: (Please supply CLIENT/PATIENT DETAILS)

SURNAME _____

GIVEN NAME _____ DOB ___ / ___ / _____

Current Street
Address _____

SUBURB _____ POSTCODE _____

Email Address _____

Home Tel: _____ Work Tel: _____ Mobile: _____

REQUESTOR DETAILS (If you are not the client requesting details)

COMPANY/ORGANISATION

NAME (If applicable) _____

Given Name &

Surname _____ DOB ___ / ___ / _____

Current Street
Address _____

SUBURB _____ POSTCODE _____

Email Address _____

Home Tel: _____ Work
Tel: _____ Mobile: _____

PLEASE NOTE: All applications must be accompanied with PROOF OF IDENTITY for the REQUESTOR:

- One photocopy of photo identification:
 - Driver's Licence; or
 - Passport
- If Photo ID is not available then 3 other forms of ID are required i.e.
 - Medicare Card
 - Birth Certificate
 - Credit Card or EFTPOS Card (or any other card that provides your name)
- Mandatory FOI application fee of \$25.10

Please note this application will not proceed without this payment. You will be notified if the photocopying fee exceeds \$25.10.

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1.4.5 FREEDOM OF INFORMATION

Access Request Form – (FORM 1008)

1. **Is the client deceased?** YES / NO

If YES, are you the next of kin? YES / NO

2. **In the event that the client is unable to make an informed decision about him/herself, are you the Medical Power of Attorney/Legal Guardian?** YES / NO

If NO to question 2 above, have you attached the client's written permission to obtain information on their behalf? YES / NO

NOTE: You may not have access to a client's medical record without the client's or next of kin's written consent. Please provide evidence if you are the Patient's next of kin or Medical Power of Attorney/Legal Guardian.

Please refer to the attached brochure for further information about your request for information. You will be invoiced for the photocopying charges via mail.

DECLARATION

I understand that my request will not become valid until the payment of \$25.10 application fee has been made. Where the request has been made by a third party, I understand that the application fee and the client's written consent has been attached. I understand that further to the application fee that photocopying charges may apply in respect to the application and that the Freedom of Information Office has up to 45 days to respond to this request. You will be notified if the photocopying charge is going to be greater than \$50.

Please note that your information will be sent to your address via surface mail once the photocopying invoice has been paid.

Signature _____ **Date** ____/____/____

OFFICE USE ONLY:

Date FOI Request Received ____/____/____ Date 45 days from Receipt of FOI Request: ____/____/____
 Date entered onto electronic database ____/____/____ Application Fee Received: YES / NO \$ ____ . ____
 Please state Amount

Photocopy Fees (If Applicable) \$ ____ . ____	Date FOI Client Advised if cost will be >\$50 Photocopying ____/____/____
Invoice No: for Photocopying	Date invoice raised ____/____/____ Date money received for photocopying ____/____/____
Date FOI client documentation and Invoice for photocopying sent to client: ____/____/____	

Photo Identification sighted or attached: YES / NO	Print Name	Signature
Client files and request letter taken to Clinical Services Manager: YES / NO	Date	____/____/____

Action Taken: _____

Signature: _____ **Print Name:** _____
Date: ____/____/____

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ABN 23 237 300 347

TO:

FROM: Freedom of Information Officer, QEC

DATE:

SUBJECT: FREEDOM OF INFORMATION (FOI) REQUEST (FORM I007)

..... has applied for the medical records under the Freedom of Information Act of, and therefore their medical record requires review.

They would like access to the complete medical record. Would you please check carefully all sections relating to the patients' psychiatric treatment and indicate (by tagging) if there are any sections, which you believe may need to be withheld or exempted under the FOI Act. Please see attached for an explanation of the FOI Act exemptions. You may choose to exempt a name, sentence, paragraph or whole page/report. **It is also necessary that you note the Section(s) of the FOI Act under which the information is being withheld.**

Please also note your comments and sign the relevant section of QEC FOI REVIEW FORM, WHICH HAS BEEN INCLUDED IN THIS KIT.

Please return your response to the FOI with a full copy of the patient's medical record to me as soon as possible, so I can send out a decision letter before its due date and commence to have the record photocopied.

Please return by this date / / . If we fail to respond to the applicant within 45 days of the original request the applicant has an automatic right to appeal to VCAT. **If you feel that you are unable to meet this deadline, please contact me as soon as possible.**

Your early attention to this matter would be greatly appreciated.

With many thanks,

**Freedom of Information Officer
QEC**

Please list approximate time spent on this FOI request:

Admin Time:..... Reviewer Time: FOI Officer:

Please return by date:..... To FOI Officer, QEC.

Section 31 (I)

Where disclosure would be likely to endanger the lives or physical safety of persons engaged in or in connection with law enforcement or persons who have provided confidential information to the enforcement or administration of the law. This section obviously has in mind police and prison officers and persons providing to them, but MAY also apply, for instance, in the administration of the Mental Health Act.

Section 33 (I)

Where disclosure would involve the unreasonable disclosure of information relating to the affairs of another person including a deceased person; i.e. An intrusion on the privacy of some person other than the applicant. An example of such an intrusion might be, for instance, where a relative discloses confidential information about someone other than the patient (eg. A family member) which is intended to help the treating professional but is not meant to be disclosed to the patient.

Section 33 (4)

Where disclosure of information of a medical or psychiatric nature regarding the person making the request might be prejudicial to the physical or mental health or well being of that person. Note that in this case the information may be given instead to a legally qualified medical practitioner nominated by the person making the request and approved by the principle officer (in our case Chief General Manager of the Health Department.)

Section 35(1)

Where disclosure would divulge information or matter communicated in confidence (by another person), and where such disclosure would be likely to impair our ability to obtain similar information in the future. An obvious example here would be where a relative discloses information about a patient on the understanding that this disclosure is not be divulged to the patient. Obviously if it was so divulged the relative concerned would be unlikely to disclose similar information in the future.

Please remember to flag each page within the record that has an exemption, to ensure nothing is missed when photocopying. In addition, each exempt sentence/paragraph or page **must** have the section of the FOI Act under which the document is exempt, written in the margin in pencil.

Please call (FOI Officer) if required on – 9549 2777 for guidance in applying the exemptions.

To be completed by the Program Manager / Coordinator / Team Leader

Reviewers Name..... **Date reviewed**.....

Applicant / Patient Name:..... **UR:**.....

(Please circle relevant option)

- A. Inspect all of medical records
- B. Inspect part of medical records.
- C. Other (please list):

Reply of Program Manager / Coordinator / Team Leader

Please note that this document will be placed in the medical record after your completion and may be accessed by the patient pursuant to the FOI legislation.

Outcome:

Date:..... Title:.....

Signature:.....

Name:.....

Do any of the following exemptions under the FOI Act apply?

Yes / No (Please cross out incorrect answer)

- 31(1) (c) Would disclose or identify confidential source of information
- 33(1) Unreasonable disclosure of personal affairs of any person
- 33(4) Prejudice physical, mental health or well-being of a person
- 35(1) Would disclose information communicated in confidence

Please list reason for decision:

.....

.....

.....

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.....

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.....

**Request for Invoice for FOI Request costs:
(Waiver of fee MUST be approved by the CEO)**

Please issue an invoice for the below party for costs of \$.....

Please insert details of Requestor

Name.....

Address 1.....

.....

Address 2.....

Suburb.....

Post Code.....

For completion of the FOI Request dated

Regarding UR numbers:

Authorised: FOI Signature

Date

RELEVANT DOCUMENTATION:

1.4.5 FOI Request Access Form (1008)

FOI Requests Register (G/admin services/medical records/FOI requests) (Year)



14/3/14

Dear (Insert Name),

Please find enclosed information as requested under the Freedom of Information Act dated.

These notes are confidential hospital medical records. We would greatly appreciate if these could be returned to us upon completion of the process.

If you have any queries please do not hesitate to contact us.

Yours Sincerely,

.....
Freedom of Information Officer
Janelle Crossett
QEC