

FOI Access Request Form

HOSPITAL RECORD	
I wish to obtain the following information (please list)	
Approximate year of Contact with QEC	
ACCESS TO QEC RECORDS (please supply Client/Patient details)	
Surname	
Given Name	
Date of Birth	
Street Address	
Email Address	
Home Telephone	
Work Telephone	
Mobile Telephone	
REQUESTOR DETAILS (if you are not the client requesting details)	
Company Name	
Surname	
Given Name	
Date of Birth	
Street Address	
Email Address	
Home Telephone	
Work Telephone	
Mobile Telephone	
Relationship to Client	

Please note: All applications must be accompanied with proof of identity for the requestor

- One photocopy of photo identification:
 - Driver’s license; 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 \$29.60

This application will not proceed without this payment. You will be notified if the photocopying fee exceeds \$29.60.

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|----|--|----------|
| 1. | Is the client deceased? | YES / NO |
| | If YES, are you the next of kin (and provide evidence)? | 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 YES, have you attached certified copy evidence? | YES / NO |
| | If NO, have you attached the client's written permission to obtain information on their behalf? | YES / NO |

Access to a client's medical record without the client's or next of kin's written consent is not possible without evidence requestor is 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 \$29.60 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.

Signature: _____

Date: ____ / ____ / ____