



**REQUEST FOR ACCESS (S.13 FREEDOM OF INFORMATION ACT (SA) 1991)**

**DETAILS OF APPLICANT**

Surname: ..... Given names: .....

Preferred name: .....

Maiden / Previous Names: .....

Title: (Mr/Mrs/Miss/Ms/Other) ..... Date of Birth .....

Telephone: .....

Australian Postal Address: .....

.....

.....Postcode: .....

**DETAILS OF THIRD PARTY**

If you are seeking access to information regarding another person, please provide their details below:

Patient Name: .....

Date of Birth: ..... / ..... / .....

Maiden / Previous Names: .....

**DETAILS OF REQUEST**

I request access to the following document(s) from the Lyell McEwin Hospital:

*(Describe the documents you would like to access e.g. a discharge summary, radiology written report. Provide as much detail as possible, i.e. date(s) range, type of procedure).*

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

**FORM OF ACCESS** (Please tick in the appropriate box)

- I wish to inspect the documents      ( ) Yes                      ( ) No
- I require a copy of the documents      ( ) Yes                      ( ) No
- I require access in another form      ( ) Yes                      ( ) No

Other (please specify) .....

**FEES AND CHARGES**

The application fee of \$40.75 must be submitted with the completed application form. This fee will be waived if you have a concession card. Please attach evidence, e.g. a copy of your concession card, or other evidence as proof of financial hardship if this is the case.

In the following section please tick as appropriate:

\*Is the fee attached?                      ( ) Yes                      ( ) No

or

Do you qualify for a fee waiver?      ( ) Yes                      ( ) No

Is proof attached?                      ( ) Yes                      ( ) No

\*The Lyell McEwin Hospital accepts fees in the form of money order, cheque, credit card or cash. If you wish to make a credit card payment over the phone, please telephone the LMH cashier on (08) 8182 9123. Cash payments will only be accepted when paying in person at the hospitals Cashier’s office. (Please do not send cash through the mail)

You may be required to pay processing charges (in additional to the \$40.75 application fee) in respect of this request and, if so, you will be supplied with a statement of the charges.

**PROOF OF YOUR IDENTITY MUST BE SUPPLIED WITH ALL REQUESTS FOR INFORMATION**

e.g. a photocopy of a drivers licence, passport, birth certificate etc.

Please submit your application form to:

Freedom of Information Office  
Lyell McEwin Hospital  
Haydown Rd  
ELIZABETH VALE SA 5112

or Email: [Health.NALHNFOI@sa.gov.au](mailto:Health.NALHNFOI@sa.gov.au)

Applicants signature: .....

Date: .....

**CONSENT TO RELEASE INFORMATION TO A THIRD PARTY:**

*If you are seeking documents on behalf of another person they will need to consent to you receiving the information.*

I ..... authorise the Lyell McEwin Hospital to release information about me to the applicant.

Signature: .....

Date: .....

## **FREEDOM OF INFORMATION ACT 1991**

### **What types of documents can I access?**

The Freedom of Information Act 1991 (the FOI Act) gives you a legal right of access to documents and records about:

- you and
- government operations and decisions.

There are some exceptions including if the information contains private or confidential information about another person or if release of the information would affect law enforcement and public safety. The full list of exemptions can be found in Schedule 1 of the FOI Act.

### **Where do I apply?**

If you are looking for documents that concern you personally, it is generally only agencies that you have dealt with that would hold information about you.

If you have been a consumer or patient of this hospital, then we will have records about you. Please send your application to:

Freedom of Information Office  
Lyell McEwin Hospital  
Haydown Road  
ELIZABETH VALE SA 5112

If you want documents from more than one hospital or government agency, you will need to contact each of them directly.

### **How do I make an FOI application?**

You can fill out an application form or write to us. If you write to us, please remember to say that you are applying for information under the FOI Act.

You will need to provide enough information for us to identify you and what documents you want. For example, you may be after documents related to your latest admission or information associated with a procedure that you had 5 years ago. Limiting your application will help us to deal with your application quicker and may save you money – see *how much will it cost* below.

If you want to access documents about yourself, we may ask you for proof of identity.

If you are seeking documents on behalf of another person (for example, you want information about your partner or family member) they will need to consent to you receiving the information.

### **How much will it cost?**

Applications cost \$40.75 and there may be charges for dealing with your application. The fees and charges are outlined on the reverse of this form.

If you have a concession card - FOI is free. You will be asked to provide proof of your benefit (please send a copy of your health care card with your application) or the reasons for your financial hardship.

## How long will it take?

We will deal with your request as soon as possible – usually within 30 days. If we are going to take longer than 30 days we will let you know.

## Where can I get more information?

If you would like help making an FOI application, or would like to discuss your application please contact the

Lyell McEwin Hospital FOI Officer on (08) 8282 0395.

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### FOI FEES AND CHARGES

1	On application for access to an agency's document (section 13(c))	\$40.75
2	(1) For dealing with an application for access to an agency's document and in respect of the giving of access to the document (section 19(1)(b) and (c))—	
	(a) in the case of a document that contains information concerning the personal affairs of the applicant—	
	(i) for up to the first 2 hours spent by the agency in dealing with the application and giving access	no charge
	(ii) for each subsequent 15 minutes so spent by the agency	\$15.40
	(b) in any other case—for each 15 minutes so spent by the agency	\$15.40
	(2) In addition to the fees specified in subclause (1), the following fees are payable in respect of the giving of access to an agency's document:	
	(a) where access is to be given in the form of a photocopy of the document (per page)	\$0.25
	(b) where access is to be given in the form of a written transcript of words recorded or contained in the document (per page)	\$9.10
	(c) where access is to be given in the form of a copy of a photograph, x-ray, video tape, computer tape or computer disk	the actual cost incurred by the agency in producing the copy
	Medical imaging on disk (per disk)	\$55.00
	<b>Note—</b>	
	If the applicant requires that a document be posted or delivered, the applicant must pay the actual costs incurred by the agency in posting or delivering the document.	
3	On application for review by an agency of a determination made by the agency under Part 3 of the Act (section 29(2)(b))	\$40.75