

APPLICATION FOR ACCESS TO DOCUMENTED INFORMATION

SECTION A (to be completed by the applicant)			
Applicant's Name: <small>(Maiden name if applicable)</small>			
Application for patient records at: Please tick appropriate location:	Mansfield District Hospital	Date/s of treatment / Residence	Inpatient, A & E, Other
	Buckland House Nursing Home		
	Bindaree Retirement Centre Inc		
Residential Address:			
Postal Address:			
Telephone (BH):		Telephone (AH):	
DOB:		Email:	
Subject matter of information sought:			
Actual (specific) document sought:			
Signature:		Date:	

SECTION B (to be completed by the Information Officer)	
Register Number:	
Date Received:	

SECTION C (to be completed by the Officer-in-Charge of the relevant information)			
Record of Action Taken:			
Access Approved:	Yes / No	<i>If Yes, go to Section C1 - If No, go to column C2</i>	
<i>Section C1 – Application Approved</i>			
Cost determined:	Yes / No	\$	
Applicant advised:	Yes / No		
Fee Amount Paid:	\$	Taken By:	
Date Access Given / Fee Paid:	/	/	
Signature of Officer in Charge:			
Name of Officer in Charge:			
<i>Section C2 – Application Denied</i>			
Applicant Advised via letter	<i>Refer Letter 3</i>	Yes / No	
Date Letter Sent:			
Signature of Officer in Charge:			
Name of Officer in Charge:			

When completed, this form should be returned to the Health Information Manager and filed in the FOI File located in medical records.