Mansfield District Hospital / Buckland House Nursing Home / Bindaree Retirement Centre Inc. APPLICATION FOR ACCESS TO DOCUMENTED INFORMATION

SECTION A (to be com	pleted by the a	pplicant)					
Applicant's Name: (Maiden name if applicable)							
Application for patient records at:	Mansfield Distric	t Hospital	Date/s of treatment / Residence		Inpatient, A & E, Other		
Please tick appropriate location:	Buckland House Home	Nursing					
	Bindaree Retiren	nent Centre					
	Inc						
Residential Address:							
Postal Address:		<u>, </u>					
Telephone (BH):		Te	lephone (AH):				
DOB:	Email:	• •					
Subject matter of info	ormation sough	it:					
Actual (specific) docu	ıment sought:						
Signature:			Date:				
Carron D /to be some		·f	Ott:/				
SECTION B (to be com	pleted by the in	normation	Officer)				
Register Number:							
Date Received:							
Carrier C (to the second		·((''	hanna a Calean				
SECTION C (to be com	pieted by the O	TTICET-IN-C	narge of the re	elevant inforr	mation)		
Record of Action Tak	ien:						
Access Approved:	Yes / No	If Yes, go	to Section C1	- If No, go	to column C2		
Section C1 – Applicat	ion Approved						
Cost determined:	Yes / No	\$					
Applicant advised:		Ye	s / No				
Fee Amount Paid:	\$	Ta	Taken By:				
Date Access Given / F	ee Paid:	/ /					
Signature of Officer i	n Charge:						
Name of Officer in Ch							
Section C2 - Annlica	tion Denied						
Section C2 – Application Denied Applicant Advised via letter Refer Letter 3 Yes / No							
Date Letter Sent:	c.cci neger	LCCCCT J	100 / 140				
Signature of Officer in	n Charge						
Name of Officer in Ch							
Name of Officer in Ci	iuige.						

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

No: MDH0000608 V 4.0	Reviewed: July 2019	Next Review Date: 01/04/2020	
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