

Freedom of Information Application



Forensicare

Freedom of Information applications received by Forensicare are processed in line with the Freedom of Information Act 1982 (Vic) and managed by the Health Information Services department.

Once your application has been received and has been deemed valid, Forensicare has 30 days to provide a decision for your request. In some circumstances, we will need to request an extension of time. You will be advised if this is required.

Applicant Details

Company name (if applic): _____

Applicant Surname: _____ Applicant First Name: _____

Relationship to Consumer (if applic): _____ Phone number: _____

Email Address: _____

Address: _____

Postcode: _____

Consumer Details (if applicable)

Consumer Surname: _____ Consumer First Name: _____

Consumer Date of Birth: _____ Phone number: _____

Email Address: _____

Address: _____

Postcode: _____

Proof of Identification / Authority to Access Information

Below outline what documents are required for certain requests. Please tick which are attached:

Required with all applications:

Proof of Identification

Authority to access information of another person:

Signed Authority from Individual

If information relates to a deceased person:

Death Certificate Signed Authority from Senior Next of Kin

Freedom of Information Application



Forensicare

Request Details

Indicate which service of Forensicare you require information from (select all that apply):

Thomas Embling Hospital Community Forensic Mental Health Service Prison Services

Clearly state the documents you wish to access (include date range, subjects' matter, types of documents - e.g. discharge summaries, psychological assessments, clinical notes):

Are you willing to receive edited documents?

Yes: the document will be released with any exempt material deleted and clearly marked.

No: the document will be refused in full.

Form of Access

Copy of Documents Inspect Documents

Delivery of Documents

Electronically Registered Post (charges apply) Express Post (charges apply)

Application Fee (non-refundable)

To become valid, the request must be accompanied by an application fee of \$32.70. Unless proof of hardship can be provided, or waiver due to hardship has been requested, and accepted.

Proof of Hardship attached:

Yes No

Form of proof of hardship (e.g. copy of Pension or Health Care Card): _____

If deemed ineligible for a fee waiver, we will provide you with an invoice once your application has been received.

Contact

Email: Health.Information@forensicare.vic.gov.au