

ROYAL ADELAIDE HOSPITAL
REQUEST FOR ACCESS UNDER THE FREEDOM OF INFORMATION
ACT (SOUTH AUSTRALIA) SECTION 13

DETAILS OF APPLICANT

Surname: Mr/Mrs/Miss/Ms _____

Given Names: _____

Maiden / Other Names Used: _____ Date of Birth _____

Current Address: _____

Post Code _____

Telephone: Business: _____ Private: _____

DETAILS OF REQUEST

Please provide specific information to assist in identifying the record you require, e.g. dates, specific hospitalisations, outpatient appointments etc. Please advise whether you wish to view documents, a copy of the documents or any other form of access

PROOF OF IDENTITY

Identification will need to be produced on collection of records. Applicants in the country or interstate, please send a copy of one of the following: Driver's Licence, Birth Certificate, Passport (I.D. page) and the records will be sent to you by Certified Mail.

FEES AND CHARGES

A fee of \$26.75 is required with this application. If the record is very large, an additional copying fee will be charged. You will be notified of charges before copying is carried out. In certain cases a reduction of fees and charges may apply. If you consider you are entitled to a reduction please call the FOI Officer on the telephone number listed below.

SEND YOUR APPLICATION TO:

FOI Officer
Medical Administration
Royal Adelaide Hospital
North Terrace
ADELAIDE SA 5000

Phone (08) 8222 5353

SIGNATURE OF

APPLICANT: _____ **DATE:** _____