

# Government Information (Public Access) Act 2009

## ACCESS APPLICATION

Please complete this form to apply for formal access to government information held by Hunter New England Local Health District (HNELHD) under the *Government Information (Public Access) Act 2009 (GIPA Act)*. If you need help in filling out this form, please contact the Right to Information Officer on 02 4985 5890 or visit our website at [www.hnehealth.nsw.gov.au](http://www.hnehealth.nsw.gov.au).

### 1. Your details

Surname: ..... Title: .....

Other names: .....

Postal address: .....

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

Day-time telephone: .....

Email: .....

☐ I agree to receive correspondence at the above email address.

*Note: Your application will not be valid unless it includes an Australian Postal address or email address*

Organisation: .....

Type of applicant:

Member of Parliament <input type="checkbox"/>	Media representative <input type="checkbox"/>
Private Sector Business <input type="checkbox"/>	Legal representative <input type="checkbox"/>
Patient / Former Patient <input type="checkbox"/>	Staff member / former staff member <input type="checkbox"/>
Member of public <input type="checkbox"/>	Union / local interest group <input type="checkbox"/>
Other <input type="checkbox"/>	

*The questions below are optional and the information will only be used for the purposes of providing better service.*

Place of birth: ..... Main language spoken: .....

Aboriginal or Torres Strait Islander: Yes / No (circle one)

Do you have special needs for assistance with this application? .....

.....

**2. Proof of identity**

**When seeking access to personal information, an applicant must provide proof of identity in the form of certified copies of one of the following documents.**

\* Please note that it must contain your photograph, current address and signature.

- ☐ Australian driver's licence with photograph, signature and current address
  - ☐ Current Australian passport
  - ☐ Other Identification with photograph, proof of signature, and current address details
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- If you are completing this form on behalf of someone else, please attach evidence of your authorisation to do so. An original signed authority by the applicant is required.
  - If you are seeking medical records of a deceased relative:
    - If the deceased had a will, please provide HNE with a certified copy of latest Will of Estate of the deceased to confirm the Executor or a "Letter of Grant of Administration. Certified proof of identity of the Executor is also required.
    - If the deceased died intestate (ie. without a Will of Estate) and there has not been an Appointed Administrator assigned to manage the Estate please provide proof of their relationship with the deceased person (eg. parent, spouse, sibling or child can provide a Birth Certificate/ Marriage Certificate proving their relationship with the deceased person). This will also need to be certified.

\*Certified means that the document has been verified signed and dated by an authorised person (JP, doctor, teacher, pharmacist, legal practitioner, Postmaster - Australia Post)

**3. Government information**

- Your application will not be considered valid unless you provide enough details to enable HNELHD to identify the information you are seeking (i.e. statements such as "including but not limited to..." and "all records held in relation to..." will likely result in an application deemed as invalid.)
- Should your scope be too broad, and we considered that it is a diversion of our resources to process, you will be contacted inviting you to amend and reduce the scope of your application.
- You can only apply for access to information that is contained in records or documents that are currently held by the HNELHD, at the time the application is received.
- For non-personal information concerning other agencies, please apply directly to the respective agency for access to their information (ie Calvary Mater Hospital).
- HNELHD cannot be required to create a new document in order to respond to your application but may, if it is more administratively convenient, decide to do so (i.e. create a summary document rather than to copy all source documents)
- If you are seeking medical records, you may wish to apply under *Health Records Information Privacy Act 2002* (HRIPA). To apply under HRIPA see: [Access a Copy of Your Medical Records | HNE Health \(nsw.gov.au\)](#)

I would like the following information held by the HNELHD:

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(If you require more space, please attach additional pages)

To minimise processing time and cost to you, you may wish to limit the scope of your application, by clarifying that you are only seeking information contained in certain records held by the HNELHD, such as:

By date: .....

(i.e. only records created between X date and X date, or records created after x date)

By type: .....

(i.e. only external correspondence sent or received by HNELHD, and not any internal working papers of HNELHD)

By location: .....

(i.e. only records held by a particular staff member, unit, department or branch)

Other: .....

Type of information you are seeking:    ☐ Personal        ☐ Other

#### 4. Have you applied to another agency for substantially similar information?

An applicant is required to inform the agency if they have previously sought substantially the same information from another agency.

Have you, at any time, applied for similar information from another agency? Yes / No (circle one)

If YES, which agency? .....

#### 5. Court/Legal Proceedings

An agency may refuse to deal with an access application if the agency reasonably believes the applicant, or person acting in concert with the applicant, is party to current proceedings before a court and able to apply to that court for the information.

☐ I confirm that no such proceedings are on foot with respect to the information requested in this application, OR

☐ I confirm there are legal proceedings on foot with respect to the information requested in this application.

**6. Form of access**

How do you wish to access the information?

☐ A copy of the document(s)

☐ Access in another way (please specify) .....

**7. Third party consent**

If the information sought is of a kind that would require consultation with a third party (as required under section 54 of the *GIPA Act*), your name may be disclosed to a third party.

Do you consent to this? Yes / No (circle one)

☐ I understand that not agreeing could affect the outcome of my application

**8. Personal information contained within documents**

We may remove personal information of other persons and, if appropriate, staff names from documents.

Do you consent to this? Yes / No (circle one)

\* If NO is selected, we are required to consult with any third party whose personal information is contained in the records

**9. Application Fee**

I attach payment of the **\$30 application fee**

Your application will require your \$30 payment before it can be deemed a valid application.

There is no application fee waiver or discount.

**Payment Options**

☐ Cheque or money order enclosed (Payable to: 'Hunter New England Local Health District')

☐ Credit Card Payment

Type of Card: ☐ VISA ☐ MASTERCARD ☐ AMEX

Card Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Expiry Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Card Holders Name: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Note: Credit Card payment will be processed when the application has been assessed as VALID.

**10. Processing fees**

- Under the GIPA Act, the application fee is \$30.00 which, in a request for personal documents, covers 20 hours of processing.
- Processing charges for non-personal requests are \$30.00 per hour.
- If it appears that it will take more than 4 hours to process and finalise your application, we may request an advance deposit for 50% of the estimated processing charges, before continuing with the application.
- The processing time to complete the application stops until payment has been received by HNELHD.
- Decisions on discounts to processing fees are not made until the decision is being finalised.

**11. Discount in processing charges**

Some applicants may be entitled to a 50% reduction in their processing charges. If you wish to apply for a discount, please indicate the reason:

- ☐ Financial hardship – please attach supporting documentation (e.g. a pension or Centrelink card)
- ☐ Full-time student
- ☐ Non-profit organisation.

**AND / OR**

- ☐ Special benefit to the public – please specify why below:

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**12. Disclosure log**

If the information sought is released to you and we consider it may be of interest to other members of the public, details about your application may be recorded in the agency's 'disclosure log'. This is published on our website. If you object to this, we must first decide if you are entitled to object and if so, whether the objection outweighs the general public interest in including this information in the disclosure log.

You can only object to the inclusion of information on an agency's disclosure log for one or more of the following grounds:

- The information includes personal information about you (or a deceased person for whom you are the personal representative)
- The information concerns your business, commercial, professional or financial interests
- The information concerns research that has been, or is being, or is intended to be, carried out by or on your behalf
- The information concerns the affairs of a government of the Commonwealth or another State (and you are entitled to act on behalf of that government agency).

Do you object to this? Yes / No (circle one)

Applicant's signature: ..... Date: .....

**INFORMATION FOR APPLICANTS**

- Please try to provide as much detail as you can to help us identify the documents you want.
- You will be contacted within 5 working days after the application is received to notify you of the agency's decision as to the validity of your application.

**Please note:** An application is not valid if it is an application for excluded information of the agency or does not comply with the formal requirements for access applications as per section 41 of the *GIPA Act*.

- Your request will be dealt with as soon as possible and in any case within twenty working days after it is registered. However, if an agency is obliged to conduct third party consultations, section 54 of the *GIPA Act* provides for an additional 10 working days (up to a maximum of 15 working days, unless an extension of time is required) in which to process the application.
- If the documents you seek are more likely to be held by another Agency, your request will be transferred, and you will be notified.

Please post this form or lodge it at:

Right to Information Officer  
Hunter New England Health  
Attention: Internal Audit & Corporate Governance  
Locked Bag 1  
New Lambton NSW 2305

Or email to: [HNELHD-AuditandLegal@health.nsw.gov.au](mailto:HNELHD-AuditandLegal@health.nsw.gov.au)

**Privacy Statement**

Under the *GIPA Act* you must provide your name and address or email address and a description of the information you seek access to.

If you do not provide all information requested, we may not be able to process your application. Your details will be stored and managed in accordance with the *Privacy and Personal Information Protection Act 1998* and the *State Records Act 1998*.

Your information will not be used for any other purpose and will not be given to any other third party except where required by law.

General information about the *GIPA Act* is available by calling the Information and Privacy Commission NSW on Freecall 1800 472 679 Email: [ipcinfo@ipc.nsw.gov.au](mailto:ipcinfo@ipc.nsw.gov.au) or visit the IPC's website: [www.ipc.nsw.gov.au](http://www.ipc.nsw.gov.au)

**Office use only:**

Date application received: .....File reference:.....