Government Information (Public Access) Act 2009

ACCESS APPLICATION

Please complete this form to apply for formal access to government information held by the Illawarra Shoalhaven Local Health District (ISLHD) under the *Government Information (Public Access) Act 2009* (*GIPA Act*).

If you require assistance to complete this form, please email
ISLHD-GIPAPrivacyRTI@health.nsw.gov.au and we will contact you. Alternatively, you can visit our website at <https://www.islhd.health.nsw.gov.au/right-to-information>.

**IMPORTANT:** To seek access to healthcare / medical / clinical records, please request a *Health Records and Information Privacy Act (HRIPA) 2002 Application Form* via ISLHD-ROI@health.nsw.gov.au, advising of the relevant healthcare service/s.

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| --- | --- |
| 1.  | Your details  |
| **First names**:  | ...................................................................... **Title**: Mr / Ms / Miss / Other ………..… |
| **Last name**:   | …………………………………………………. **Date of Birth**: …………………………………  |
| **Postal address**:   | ...................................................................................……………………………… |
|   | ………………………………………………………………………………………………………….  |
| **State:**  | ……………………………………………. **Postcode**: ….............................................. |
|  |  |

**Telephone and / or mobile number**: ……………......................................................................

**Email:** …………………………………………………………………………………………………………….

 🞏 I agree to receive correspondence at the abovementioned email address.

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

**Type of applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Member of Parliament 🞏  |  | Media representative  | 🞏 |
| Private Sector Business 🞏 |  | Legal representative  | 🞏 |
| Patient / Former Patient 🞏 |  | Staff member / former staff member  | 🞏 |
| Member of Public 🞏 |  | Union / local interest group  | 🞏 |
| Other 🞏 |  |  |  |

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| 2.  | Government information  |

Please describe the government information / documents you would like to access in enough detail to allow us to identify it.

**Type of information you are seeking:**  🞏 Personal 🞏 Other 🞏 Both personal & other

**Note:**

* You should not frame a request asking for “ALL” documents relative to a particular matter. It is best that your request be specific to types of records and/or documents to enable effective searches to be conducted for the government information you are seeking.
* 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 large, and it is considered an unreasonable and substantial 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 already contained in records or documents that are currently held by ISLHD, i.e., at the time the application is received.
* ISLHD cannot be required to create a new document 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).

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………………………………………………......... (If you require more space, please attach additional page/s)

To minimise processing time and costs 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 ISLHD, such as applying the following or a combination of the following parameters:

* By date: …………………………………………………………………………

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

* By type: …………………………………………………………………………

(e.g. employment record, incident report, statistics, etc)

* By location: …………………………………………………………………………

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

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| 3.  | 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/agencies.

Have you, at any time, applied for similar information from another agency (tick one)? 🞏 **Yes** 🞏 **No**

If YES, please specify which agency/agencies? ………………………………………………………………….

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| 4.  | 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

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| 5.  | Proof of identity only required when an applicant is requesting their own personal or personal health information |

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

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

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

🞏 Australian driver’s licence with photograph, signature and current address, **OR**

🞏 Current Australian passport, **OR**

🞏 Other identification with photograph, proof of signature, and current address details

**Note:**

If you are completing this form or seeking personal and health information on behalf of someone else, please attach evidence of your authorisation to do so. An original authority signed by applicant, or relevant authorised person, is required and must be dated within 3 months of this GIPA Access Application.

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| 6.  | Form of access  |

How do you wish to access the information?

🞏 Inspect the document(s)

🞏 A copy of the document(s)

 🞏 Access in another way (please specify)**:** .................................................................................................

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| 7.  | Disclosure log  |

If the information sought is released to you and would be of interest to other members of the public, details about your application may be recorded in this agency’s ‘disclosure log’. This is published on the agency’s website. Note that personal information will not be published on our disclosure log.

Do you object to this (tick one)? 🞏 **Yes**  🞏 **No**

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| 8.  | Third party consultation |

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), extensions of 10 to 15 working days will be required, the number of consultations may be applied to the processing timeframe and your name may be disclosed to a third party.

When consulting, do you agree for ISLHD to provide your name as the applicant to the third party (tick one)?

 🞏 **Yes, I agree**  🞏 **No, I DO NOT agree.**

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

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| 10.  | Processing fees  |

**Note:** The GIPA Access application fee of $30.00 is NOT the processing fee/charge.

* An agency may impose an additional charge (a processing charge) for dealing with a GIPA access application at a rate of **$30 per hour for each hour of processing time**.
* In a request for personal information, the application fee covers the first 20 hours of processing. For a request of non-personal information, the application fee only covers for the first one hour. The processing charge is applied thereafter.
* Therefore, you may be asked to pay a processing charge for the processing of your application – you will be contacted if processing charges are applicable to your request. If this is the case, some applicants may be entitled to a 50% reduction in their processing charges.
* If you wish to apply for a discount in the processing charge, please indicate the reason:

🞏 Financial hardship (please attach copy of a pensioner / concession card issued by the Commonwealth that is in force), OR

🞏 A full-time student, OR

🞏 Applying for or on behalf of a non-profit organisation, OR

🞏 Where a public interest is sufficiently demonstrated / special benefit to the public – please specify why: ……………………………………………………………………………………………………………

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| 11.  | Application payment  |

Please make the payment for the **$30 GIPA application fee** to the Illawarra Shoalhaven Local Health District by Visa or Mastercard Credit/Debit card via the online NSW Health Payment Portal online payment portal via one of the following 3 links:

*Option 1:* **Use QR Code**

Scan the QR Code located on this page to navigate to the online portal and complete the relevant information as follows:

* **Health Organisation:** Illawarra Shoalhaven Local Health District
* **Hospital/Facility:** All – Centralised Services
* **Service:** GIPA – Government Information (Public Access)

Proceed to populate your information and complete payment.



*Option 2:* **Click URL Link**

Click on this link: [NSW Health Payment Platform](https://paynswhealth.health.nsw.gov.au/other-payments?healthOrganisation=ISLHD&hospital=All%20-%20Centralised%20Services&service=GIPA%20-%20Government%20Information%20(Public%20Access)to navigate to the online portal and complete the relevant information as follows:

* **Health Organisation:** Illawarra Shoalhaven Local Health District
* **Hospital/Facility:** All – Centralised Services
* **Service:** GIPA – Government Information (Public Access)

Proceed to populate your information and complete payment.

*Option 3:* **Type in web address**

Navigate to the online portal: <https://paynswhealth.health.nsw.gov.au/other-payments> and complete the relevant information as follows:

* **Health Organisation:** Illawarra Shoalhaven Local Health District
* **Hospital/Facility:** All – Centralised Services
* **Service:** GIPA – Government Information (Public Access)

Proceed to populate your information and complete payment.

# Important:

* Ensure you download, save, or email a copy of the payment receipt as proof of payment of the $30 application fee.
* **Your application must be accompanied by a copy of this online payment receipt for it to become valid**.
* There is no application fee waiver or discount.

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| 12.  | Application lodgement options  |

 **Please send this form and the application fee payment:**

 **Via Post to:**

Right to Information Officer

 Illawarra Shoalhaven Local Health District (ISLHD)

 PO Box 239

 PORT KEMBLA NSW 2505

 Or

 Via Email to: ISLHD-GIPAPrivacyRTI@health.nsw.gov.au

**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.

* If the documents you seek are more likely to be held by another Agency, your request will be transferred, and you will be notified.

**Privacy Statement:**

The Illawarra Shoalhaven Local Health District (ISLHD) is subject to the *Privacy and Personal Information Protection Act 1998*, the *Health Records and Information Privacy Act 2002* and the *State Records Act 1998.* Thus, ISLHD is required to comply with the Information Protection and Health Privacy Principles in relation to the collection, storage and management of all information disclosed.

Under the GIPA Act you must provide your name and address or email address and a description of the information you seek access to. Your personal and/or health information is being collected to process your application to access government information under Division 1 of part 4 of the GIPA Act. The supply of your personal and/or health information is voluntary, however ISLHD may not be able to process your application if you do not provide it.

Your information will be held electronically by ISLHD and will not be used for any other purpose nor given to any other third party except where required by law.

*General information about the GIPA Act is available by contacting the Information and Privacy Commission NSW on Free call: 1800 472 679 Email: ipcinfo@ipc.nsw.gov.au
Website: www.ipc.nsw.gov.au*

***Office use only:***

Date application received: …………………………………… CM/TRIM file reference: ………………………….