

ACCESS APPLICATION



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Please complete this form to apply for formal access to government information held by Justice Health and Forensic Mental Health Network under the *Government Information (Public Access) Act 2009* (or the GIPA Act).

Before completing this form, please visit our [website](#) to check whether the information you are seeking is already publicly available. For access to [personal health record information](#).

If you need help in filling out this form, please contact the Right to Information Officer on (02) 9700 3000 or email JHFMHN-GIPAINfo@health.nsw.gov.au

1. YOUR DETAILS

Surname: Title:

Given names:

Organisation:

Postal address: Postcode:

Note: Your application will not be valid unless it includes a postal address.

Day-time telephone:

Email:

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 (please circle one)

Do you have special needs for assistance with this application:

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I agree to receive correspondence at the above email address.

2. Proof of Identity (Applications for Personal Information or Health Records Only)

When seeking access to personal information, an applicant must provide proof of identity in the form of a *certified copy* of any one of the following documents:

Current Australian driver's licence with photograph, signature and current address

Current Australian passport

Other document containing proof of signature, current address details and photograph.

3. Application Fee

Electronic payment fee, of \$30.00, is payable by clicking the link provided.

Payment link: [NSW Health Payment Platform](#)

Please provide a copy of your electronic receipt with your GIPA application.

4. 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).....

5. Government Information to which Access is Sought

Are you seeking personal information? YES NO (please tick one)

Please describe the information you would like to access in enough detail to allow us to identify it:

Note: Your request does not have to be in any particular form. For example:

- You could ask a question (e.g. How much money has the Department paid to X for services provided in relation to Y?)
- You could ask for particular documents (e.g. any report received by the Department from X concerning Y in Apr 12)

However, your application is not valid unless you provide enough details to enable us to identify the information you are seeking. You can only apply for access to information that is contained in records that are currently held by Justice Health & Forensic Mental Health Network. Justice Health & Forensic Mental Health Network cannot be required to create a new document in order to respond to your application but may decide to do so (e.g. to create a summary document rather than to copy all of the source documents).

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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 Justice Health & Forensic Mental Health Network, such as:

By date(s):
(e.g. only records created after X date)

By type(s):
(e.g. only external correspondence sent or received by Justice Health, and not any internal working papers or documents)

By location(s):
(e.g. only records held within a specific Justice Health & Forensic Mental Health Network location)

Other:

6. Disclosure Log

If information is released to you in response to this application and we determine that the information would also be of interest to other members of the public, the information may be publicly released on our 'disclosure log.'

Do you object to this? Yes No (please tick one) If yes, please provide reasons:

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Note: You may only object if the information is your personal information, concerns your business, commercial, professional or financial interests, or concerns research that has been, is being or will be carried out by you or on your behalf.

7. Discount in Processing Charges

You may be asked to pay a charge for processing the application (\$30 / hour). 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 pensioner concession card, proof of being a full time student or a non-profit organisation).

AND / OR

Special benefit to the public – please specify why below:

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8. Acknowledgement & Submission

Applicant's Signature:

Date:

This form may be submitted:

(a) **Via post: Right to Information Officer**, PO BOX 150, Matraville NSW 2036; or

(b) **In person:** Justice Health Administration Centre, 1300 Anzac Parade, Malabar NSW 2036



General information about the GIPA Act is available by calling the Office of the Information Commissioner on freecall 1800 472 679, or at its website: <http://www.ipc.nsw.gov.au>