Northern NSW Local Health District



Government Information (Public Access) Act 2009 FORMAL ACCESS APPLICATION

Please complete this form to apply for formal access to government information under the *Government Information (Public Access) Act 2009* (GIPA Act).

A set of tips on how to prepare your application can be found at https://www.ipc.nsw.gov.au/checklist-tips-framing-your-information-access-application.

A request to access your own personal health information can be made without completing this form. Further information about applying for your own medical records can be found at https://nnswlhd.health.nsw.gov.au/patients-visitors-carers/right-to-information/gipa/accessing-personal-information.

1.	Your details					
	Surname:		Ti	tle: Mr / Mrs / Ms / Miss		
	Other names:					
	Postal address:			Postcode:		
	Day-time telephone:		Facsimile:			
	Email:					
The questions below are optional and the information will only be used for the purposes of providing better ser						
	Place of birth:		ken:			
	Aboriginal or Torres Strait Islander: Yes / No (circle one)					
	· ·		,			
	Do you have special	needs for assistance wi	th this application:			
	I agree to receive	e correspondence at the a	bove email address.			
2.	Proof of identity					
	Only required when an appl	Only required when an applicant is requesting information on their own behalf.				
	When seeking access to personal information, an applicant must provide proof of identity					
	the form of a <u>certified copy</u> of any one of the following documents:					
	Australian driver's	slicence	☐ Current Australian	passport		
		gnature and current address		L 2 L .		
		_				
	Other proof of signature and current address details					

3.	Government information				
	Please describe the information you would like to access in enough detail to allow us to identify				
	Note: If you do not give enough details about the information, Northern NSW Local Health District may refuse to process your application.				
4. Personal information					
	Are you seeking personal information? Yes / No (circle one)				
	Have you applied, at any time, to another agency for similar information? Yes / No (circle one)				
	If yes, please provide the name of the agency				
5.	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)				
6.	Application Fee				
	A \$30 application fee must be paid prior to this application being accepted.				
	Our preferred method of payment is via the NSW Health Payment Portal https://paynswhealth.health.nsw.gov.au/other-payments . To make a payment, please select the following options:				
	Health Organisation: Northern NSW Local Health District				
	Hospital / Facility: Lismore Base Hospital				
	Service: GIPA – Government Information (Public Access)				
	Online Payment receipt number:				
	Please contact the NNSWLHD GIPA team on 02 6629 4045 or nnswlhd-gipa@health.nsw.gov.au if you would like to make other arrangements for paying the application fee.				

(Note: please do NOT send cash by post)

7. Third Party Consultation

Under section 54 of the GIPA Act, if the information you are requesting contains information about another person, business or government agency, Northern NSW Local Health District may be required to consult with third parties before deciding your application. The purpose of this consultation is for the Northern NSW Local Health District to determine whether the third party has an objection to disclosure of some, or all, of the information being requested.

Do you consent to your identity as an applicant being disclosed to the third party: **Yes** / **No** (circle one)

8. 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.

Do you object to the details about your application being recorded on the agency's disclosure log? **Yes** / **No** (circle one)

If **yes**, you can only object to the inclusion of information on an agency's disclosure log for one or more of the following grounds. Please circle the relevant ground

- 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).

Please note: if an agency decides to include information in its disclosure log despite your objection, you can seek a review of this decision.

9. Discount in processing charges

card).
Financial hardship – please attach supporting documentation (e.g. a pe
You may be asked to pay a charge for processing the application (\$30 / hour). Son entitled to a 50% reduction in their processing charges. If you wish to apply for a dindicate the reason:

pecial benefit to the public – please specify why below:	

Please note that a processing charge cannot be discounted by more than 50% even if both reasons are relevant.

10. Signature of Applicant:
Applicant's Signature:
Date:
This form may be submitted by:
Via email (preferred):
nnswlhd-GIPA@health.nsw.gov.au
Via post:
GIPA Team
Northern NSW Local Health District
Locked Bag 11
Lismore NSW 2480
In person:
Northern NSW Local Health District
Crawford House
Area Reception
Hunter Street
Lismore NSW 2480