Application fee for access to documents	\$42.00 GST exempt
Documents concerning your personal affairs (first two hours are free)	thereafter, \$15.90 per 15 minutes applies
All other documents fee	\$15.90 per 15 minutes applies
Photocopying of documents	\$0.25 per page
Written transcript of words recorded or contained in documents	\$8.55 per page
Photographs, x-rays, video tapes, CD	(the actual cost incurred in producing the copy)
Any postal or delivering charges incurred	

Charges for processing an application for internal review:

The fee for making an application for	\$42.00
review of a determination	

Charges for processing an application for amendment:

There are no fees or charges payable in relation to making an application for an amendment.

Waiver or reduction of fees

The application fee and all other charges must be waived if the Southern Adelaide Local Health Network is satisfied that the applicant is a concession card holder or that the payment of the fee would cause financial hardship to the person.

To be eligible for a waiver of fees, you will be required to provide proof of your concession card (pension card, health care card, student card etc.) or proof of financial hardship.

Proof of identity

Proof of identity must be provided with all applications (i.e. a photocopy of your driver's licence, passport, birth certificate).

Timeframes for dealing with applications

Applications for access to documents and applications for amendment of documents must be dealt with in **30 (calendar) days** after the application is received.

Extension of time limit

The Principal Officer of SALHN may extend the period within which the application would be dealt with, if the application is for access to large number of documents or necessitates a search through large amount of information.

Internal Review

*Application for review of determination must be lodged within 30 days after the day on which the notice of determination is given to the applicant.

Applications for Internal Review of Determination must be dealt with in 14 (calendar) days.

Please return completed forms and cheques/ money order to:

For more information

SALHN Freedom of Information Office Flinders Medical Centre Flinders Drive, Bedford Park SA 5042 Telephone: 8204 5514

Email: health.SALHNFOI@sa.gov.au

Business Hours: Mon to Fri 9am to 4pm







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Southern Adelaide Local Health Network (SALHN)

Request for Information Under the

Freedom of Information Act 1991

Flinders Medical Centre

Noarlunga Hospital

Repat Health Precinct

Mental Health Services

Intermediate Care Services & Aboriginal Health



Request for Information Under the Freedom of Information Act 1991

Applicant Details	Is this person:	Form of Access
Surname:	Alive (complete Authority for the Release of Personal	Please tick one of the following:
Given Name:	Information form)	☐ I require a copy of the documents
D.O.B: / /	 Deceased (complete Authority for the Release of Personal Information form) 	☐ I wish to inspect the documents
Address:	Child	For further information:
Suburb:	c.mc	Please telephone (08) 8204 5514 if you require more
Postcode:	Details of request	information about the FOI process, or you wish to speak with an FOI Officer. (Voice mail is in operation out of hours and all messages are responded to promptly).
Telephone:	I request access to document(s) concerning:	
Email:		You may also email: <u>Health.SALHNFOI@sa.gov.au</u>
If you are seeking access to third		Payment of FOI Application Fee:
party medical records		Please telephone SALHN Finance Officers on
(please complete the following) Your relationship to the person whose medical records you		(08) 8204 6076 so that you can make a prompt and secure payment.
are requesting	Request access to Medical	Please note finance staff will not able to assist with any FOI queries.
		☐ If you are eligible for fee waiver please tick this box
Surname:	location(s)	and attach evidence to your application form
Given Name:	Flinders Medical Centre	
D.O.B: / /	Repat Health Precinct	
	☐ Noarlunga Hospital☐ Intermediate Care Services & Aboriginal Health☐ Mental Health Services	Name and signature of applicant
Address:		Name:
Suburb:	☐ Iviental Health Services	Signature:
Postcode:		
Telephone (private):		Date: