Fees and charges

Charges for processing an application for access:

Application fee for access to documents	\$40.75 GST exempt
Documents concerning your personal affairs (first two hours are free)	thereafter, \$15.40 per 15 minutes applies
All other documents fee	\$15.40 per 15 minutes applies
Photocopying of documents	\$0.25 per page
Written transcript of words recorded or contained in documents	\$9.10 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	\$40.75
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 forward completed forms to:

Health.SALHNFOI@sa.gov.au

or Post to:

SALHN Freedom of Information Flinders Medical Centre Flinders Drive, BEDFORD PARK SA 5042

For more information or to speak to an FOI Officer telephone (08) 8204 5514.

This document has been reviewed and endorsed by consumers.





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