



Freedom of information (FOI) request

PURPOSE OF THIS FORM

The purpose of this form, once it is fully and accurately completed by you (the applicant), is to make a FOI request to the Australian Digital Health Agency (the Agency) for access to documents under the *Freedom of Information Act 1982 (Cth)*.

YOUR DETAILS

Title	
Family name	
First given name	
Postal address	
Telephone number (including area code)	
Email address	
Preferred method of receiving documents	☐ By Post ☐ By Email ☐ Inspect the documents in person at an Agency office

LODGING ON BEHALF OF SOMEONE ELSE

If you are lodging a FOI request on behalf of a company or another person, provide their details in the table on page 2. You must also provide evidence to demonstrate that you are authorised to act on their behalf to:

- make a FOI request
- communicate with the Agency about the FOI request
- receive copies of documents that the Agency may release.

The authorisation may be in the form of a letter (e.g. on company letter head), signed by the person, confirming the above, or a copy of current power of attorney documentation.

Authorisation attached	☐ Yes	☐ No
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COMPANY OR PERSON BEING REPRESENTED (IF APPLICABLE)

Title	
Family name	
First given name	
Company	
Postal address	
Telephone number (including area code)	
Email address	

CHARGES

The costs relating to FOI requests are determined by the Freedom of Information (Charges) Regulations 2019. Charges will be applied to non-personal information. There is no charge to access your own personal information.

DOCUMENTS REQUESTED

Please provide enough detail for us to identify the documents.

CONSULTATION WITH THIRD PARTIES

If the documents identified relate to an individual or organisation (other than you), the Agency may need to consult the individual or organisation to obtain their views about potential release of the documents.

If this is necessary, do you consent to the disclosure of your identity for the purposes of third party consultation?	☐ Yes	☐ No
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Privacy statement

The Agency is subject to the Privacy Act 1988 (Cth) and must comply with the Australian Privacy Principles. Personal information provided in this form will be used for the purposes of processing your FOI request, such as transferring your request to another Government agency where appropriate and otherwise as stated on this form.

Further information

If you have any questions about making an FOI request to the Agency, please contact the Freedom of Information Officer on foi@digitalhealth.gov.au

Where to send this form

By post to:

Freedom of Information (FOI) Officer
Australian Digital Health Agency
GPO Box 9942, Canberra ACT 2601
Australia

By email to:

foi@digitalhealth.gov.au
For any further FOI enquiries or feedback,
please call 1300 901 001

- END OF FORM -

Save the filled form.

SAVE

Print the form.

PRINT