

THE SECTIONS BELOW ARE FOR 'BARWON HEALTH' USE ONLY

PATIENT DETAILS

Name: UR:

FOI REVIEWER

No exemptions identified Exemptions identified

Section/s of the Act denying access

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FOI Reviewer Signature Date/...../.....

Name (Print)

Any other comments

MEDICAL HEALTH RECORD REVIEW

For further review by Legal Services and FOI Manager required (see file notes)

No further review required.

Medical Officer signature Date/...../.....

Name (Please print).....

MENTAL HEALTH RECORD REVIEW Section 33 (4) FOI Act

Full access granted

Partial access granted

No access granted

Approved for viewing with GP only

Comments.....

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Director MHDAS signature..... Date...../...../.....

Name (Please print).....

