

Right to Information Access Application

Right to Information Act 2009 (Section 24)
This form is effective from 1 July 2025

Please read the following information carefully before proceeding with your application.

It is recommended that you contact the Information Access Unit for assistance and advice **before** completing and submitting this application form. The information you are seeking may be already available online, for purchase or by request:

Online – a search of the relevant agency websites may locate the information you are seeking.

By request – agencies may administratively release a range of information upon request.

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There is no application fee and there are no processing charges if you are seeking access to your own personal information, or if you are applying for personal information on behalf of another person.

There is an application fee _____, and you may also have to pay processing and access charges. For further information about fees and charges, see _____ or contact the Mackay Base Hospital, Information Access Unit on:

Phone: (07) 4885 7381 Email to MHHSIAU@health.qld.gov.au

Contact Details

You are required to supply your name and an address for correspondence. Additional contact details will help us to deal with your application, and to correspond with you in the manner you prefer. If you are applying on behalf of another person, please complete this section with your contact details.

Title (e.g. Mr, Mrs, Ms, Miss) Given name/s

Family name

Organisation / Company name (complete if you are making this application on behalf of an organisation or company)

Address

Postcode:

Preferred method of contact (please select your preferred method of contact. If you choose email or post, **please also provide a contact telephone number**. Mackay HHS may need to telephone you to clarify aspects of your application).

Phone

Mobile

Email

Postal Address (if different to above)

Application Details

1. Which description most closely describes your application for access?

- All of the documents I'm applying for contain my personal information OR I'm seeking access on someone else's behalf, and all the documents contain that person's personal information – **no application fee payable**.
- Some of the documents I'm applying for do not contain my personal information OR I'm seeking access on someone else's behalf, and some of the documents do not contain that person's personal information – **RTI application, application fee payable**.
- None of the documents I'm applying for contain my personal information OR I'm seeking access on someone else's behalf, and none of the documents contain that person's personal information – **RTI application, application fee payable**.



2. Are you seeking access to information on someone’s behalf?

No

Yes ▶ Person’s family name Given name/s

IMPORTANT - Please attach proof of your authorisation to act on the person’s behalf. (for example: a signed statutory declaration or client agreement if you are a solicitor or written authorisation from the person concerned).

3. If you ticked 1(b) or 1(c) only: are you seeking access for the use or benefit of another person, company or body?

(for example, a journalist applying for a media organisation)

No Yes

4. If you answered yes to question (3) above, what is the name of the other person, company or body?

Information Sought

5. Which Hospital/ Facility are you applying to?

(for example, Mackay Base Hospital, Proserpine Hospital, Bowen Hospital, Sarina Hospital, Dysart Hospital, Community Mental Health, Sexual Health, etc).

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6. Particular details:

Please provide specific and detailed information about the document/s you are seeking, as this will help us process your application more efficiently.

- a. The subject matter of the documents you are seeking (e.g. the planning process for the Letter Z Program)
b. The time frame associated with the documents you are seeking (e.g. 1 January 2025 to current).

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b. The type of documents (e.g. medical records - discharge summary, results, progress notes | other - memos, emails, file notes)

c. The time period / date range you would like us to search within (e.g. January 2025 to June 2025)

d. Relevant document reference numbers (if known)

e. Where you think the documents may be located (e.g. facility, business area, unit, person)

f. Any other details you believe will assist us in dealing with your application

Note: Include any additional information that we may require in the space provided or as an attachment to your application (e.g. date of birth will assist in locating relevant files to distinguish you from someone with the same name)

7. Preferred access type (tick one):

Note: Your preferred access type may not be available. If you choose to access documents by email, there will be no charge for this access.

Documents sent by email

Photocopy of document/s (*charges may apply*)

Copy of documents on CD

Note: Information that is released following an application under the RTI Act, and is not the applicant's personal information, may be published in an online disclosure log. See privacy notice.

8. Evidence of identity

If you are seeking access to documents that contain personal information either in relation to you or on behalf of another person, you must provide a certified copy of your identity (ID) with this application.

If you are seeking documents on someone's behalf, both parties must provide certified evidence of their identities. (If you are not seeking any personal information, you are not required to provide evidence of your identity.)

Documents that provide sufficient evidence of identity include:

- A driver licence
- Identifying page of current passport
- Birth certificate
- Copy of a prisoner's identity card certified by a corrective services officer
- Statutory declaration of an individual who has known the applicant for at least one year

Applying:

by post — attach a **certified copy** of your identification document to this application form.

in person — produce the original identification to the front reception at any Mackay HHS facility and one of our staff can certify this for you.

by email — email a **certified copy** of the identification document to MHHSIAU@health.qld.gov.au

(A **certified copy** is considered valid if it is witnessed by a lawyer or notary public, a commissioner for declarations or a justice of the peace or in the case of a prisoner, a corrective services officer).



10. Payment of application fee

Please contact the Information Access Unit on (07) 4885 7381 or MHHSIAU@health.qld.gov.au to arrange payment of the RTI Application fee.

Privacy

Privacy Collection Notice

The Mackay Hospital and Health Service (MHHS) is committed to protecting your personal information in accordance with the Information Privacy Act 2009 and the Right to Information Act 2009. MHHS collects your personal information for the purpose of managing and processing your access application and for related administrative functions. This information is handled in accordance with the Information Privacy Act 2009 and may be used or disclosed where necessary to assess and respond to your application. Your personal information will not be disclosed to any third party without your consent, unless authorised or required by law. For more information about how MHHS manages personal information, or to access or amend your personal data, please contact the Information Access Unit.

Declaration

I declare that:

- The information provided in this form is complete and correct
- I have read the privacy notice
- Where applicable, I have attached documents required for the purpose of this application (e.g. evidence of identity, authorisation to act on another person's behalf)
- If I cannot attach any required copies of documents, I will provide them to the agency within **10 business days** of making this application
- I have included any relevant application fee/s (fees are based on the type of application, see section 1)

I understand that it is an offence to give misleading information about my identity, and that doing so may result in a decision to refuse to process my application.

Signature

Date

..... / /

Office Use Only

Date received RTI Ref / IP Ref

___ / ___ / ___

Application Fee Received No Yes Date ___ / ___ / ___

Satisfied as to Identity of Applicant No Yes Date ___ / ___ / ___

Identity Document Sighted No Yes Date ___ / ___ / ___

Receiving Officer (print name)

Decision Maker Assigned to Application (print name)

