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# IHACPA FOI Application Form

**Request for Access to documents under the *Freedom of Information Act 1982***

**Applicant’s Details**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Given name |  |
| Company (if applicable) |  |
| Postal or email address for us to contact you |  |
| Telephone (optional) |  |

**Legal Representative/ Consultant’s Details**

If you are lodging a Freedom of Information (FOI) request on behalf of a client, you must provide evidence to show that your client has authorised you to:

* make an FOI request on their behalf;
* communicate with the Independent Health and Aged Care Pricing Authority (IHACPA) in relation to the FOI request; and
* receive copies of documents that may be released to the applicant by IHACPA.

Authorisations may be in the form of a letter (e.g. on company letter head), signed by the client, confirming the above.

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Given name |  |
| Company/ Firm |  |
| Company/ Firm Address |  |
| Client authorisation attached | Yes No |

**Documents requested by the applicant**

The applicant requests access to the following documents:

(Please describe the documents you want access to as clearly as possible)

If there is any additional information that would assist IHACPA to process your request, please attach it to this form.

The applicant’s preferred means of accessing the documents identified above is:

* To receive a copy
* To inspect the documents at the office of IHACPA

**Consultation with third parties**

If the documents identified above relate to an individual/organisation (other than the applicant) it may be necessary for IHACPA to consult that individual/organisation in order to obtain their views about the potential release of documents.

In the event that third party consultation is necessary in relation to this request, can IHACPA reveal the applicant’s identity to third parties who are consulted? (This can often expedite the consultation and decision-making process).

The applicant consents to the disclosure of their identity for the purposes of third party consultation.

Yes No

**FOI Charges**

The charges applicable for processing an FOI request are fixed in accordance with regulations made under the *Freedom of Information Act 1982*. You will be notified of any charges in relation to your request before we process any requested documents or impose a final charge.

**Duplicates and email chains**

The applicant agrees to exclude from the scope of the request:

* Duplicate copies of the same document Yes No
* Earlier emails in a chain wholly contained in the final email Yes No

**Lodging an FOI request**

Lodge your FOI request to IHACPA by:

|  |  |
| --- | --- |
| Post | Freedom of Information Officer Independent Health and Aged Care Pricing Authority PO Box 483 DARLINGHURST NSW 1300 |
| Email | [FOI\_IHACPA@ihacpa.gov.au](mailto:FOI_IHACPA@ihacpa.gov.au) |

By lodging this FOI request form, you are declaring that the information supplied is accurate and complete.

**Further information**

If you have any questions about making an FOI request to IHACPA, please contact the FOI Coordinator on 02 8215 1100 or at [FOI\_IHACPA@ihacpa.gov.au](mailto:FOI_IHACPA@ihacpa.gov.au)

**Privacy Statement**

IHACPA is subject to the *Privacy Act 1988* and must comply with the Information Privacy Principles. Personal information provided in this form will only be used for the purposes of processing the FOI request. IHACPA’s privacy policy is available at <https://www.ihacpa.gov.au/about-ihacpa/who-we-are/corporate-information/policies/privacy>