

# Freedom of Information – Request to Correct Information

Leading our community towards better health



To the Privacy Officer  
Nathalia District Hospital  
36-44 McDonell Street  
Nathalia, VIC 3638

Name of Applicant:

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Are you the Authorised Representative? (eg. Power of Attorney, Financial Guardian)

Yes / No

If Yes, State your authority: (Please attach a copy of your authority)

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Name of person authorised to represent:

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I wish to request to have information corrected relating to:

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Please find attached a statement or certified copy of:

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## Response:

I acknowledge receipt of your request for correction of information related to:

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And provide the following feedback

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Signed:

Date:

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*Privacy Officer*

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