



Freedom of Information Application Form
 Peel Health Campus

Freedom of Information Act 1992 (WA)

Details of applicant		
Surname:	Given name:	DOB: / /
Organisation (If applicable):		
Australian postal address:		
Phone number:		
Email address:		
<input type="checkbox"/> Proof of Identity document attached (mandatory)		

Please note: if applying for access to another person's documents, you must have proof of authority, eg State Administrative Tribunal (SAT) order, active Enduring Power of Guardianship.

Details of patient (if applicable)		
<input type="checkbox"/> As above – no further details required		
<input type="checkbox"/> Patient is deceased <ul style="list-style-type: none"> <input type="checkbox"/> I am the closest living relative of the deceased patient <input type="checkbox"/> Death Certificate of the patient is attached (mandatory) <input type="checkbox"/> \$30 application fee has been provided (payment methods overleaf) 		
<input type="checkbox"/> Patient is a child under the age of 16 years <ul style="list-style-type: none"> <input type="checkbox"/> I am applying as the <u>primary</u> guardian of the child <input type="checkbox"/> I am NOT the <u>primary</u> guardian of the child and have attached a copy of valid Court Order as evidence of entitlement to access records. 		
<input type="checkbox"/> Other (patient consent is required, see below)		
Surname:	Given name:	DOB: / /

Patient consent (if applicable)		
I, _____ consent to the release of my personal information to		
the applicant _____ Sign: _____ Date: / /		

Request details		
I am applying for access to (please tick):		
<input type="checkbox"/> Personal Documents <ul style="list-style-type: none"> <input type="checkbox"/> Personal documents do not incur an application fee; this means that all third-party information is removed, including staff names <input type="checkbox"/> Non-Personal Documents <input type="checkbox"/> Non-Personal documents incur a fee under FOI legislation (\$30); this means that third party information is retained however consent from the third parties will be sought. 		

Medical Record Number (if known): _____

Documents required

Date range;

Presentation: *eg (Emergency Department/Ward admission);*

Documents: *eg (discharge summaries, notes, operation reports, results);*

Reason for access (*may assist with request*);

Method of collection

Collect in person via Australia Post Receive via Encrypted Email Transfer

Standard post is used. No responsibility is taken for safe delivery once dispatched.

Signature of Applicant: _____ Date: _____

Once your application has been received by our office, we are required by legislation to provide the requested information within 45 calendar days. Your application will be processed as soon as practicable.

If you are dissatisfied with the access provided you have the right to seek an Internal Review of the FOI Decision process. Requests for an Internal Review must be made in writing within 30 days of receiving the FOI Decision Letter.

Payment by direct bank transfer

South Metro Health Service Operating

Bank: Commonwealth Bank Australia

BSB: 066-040

Account number: 13303411

Description: patient's surname - PHC FOI

Please forward a copy of the remittance advice to: PHC.FOI@health.wa.gov.au

Payment by credit card transaction

Please contact the Finance office via (08) 9531 8000 with the following information:

- Patient name for the FOI request
- Name on the credit card
- Card number and expiry date

Please forward a copy of the remittance advice to PHC.FOI@health.wa.gov.au

Peel Health Campus

Post FOI Officer, Peel Health Campus Medical Records
110 Lakes Road Mandurah, WA 6210

Hand Delivered Hand Delivered details to: Freedom of Information Office – via Front Reception
110 Lakes Road, Mandurah, WA 6210

Email PHC.FOI@health.wa.gov.au

Enquiries (08) 9531 8000 8.00 am to 4.00 pm Weekdays

Website: www.peel.health.wa.gov.au