



## Application for Access to Information

### *Freedom of Information Act 1992 (WA)*

#### 1. APPLICANT DETAILS

Given Names: \_\_\_\_\_ Family Name: \_\_\_\_\_  
 Alias (if any): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Australian Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Preferred Contact Number:     Landline: \_\_\_\_\_     Mobile: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

#### 2. PATIENT DETAILS (to be completed ONLY if seeking information about another person)

Given Names: \_\_\_\_\_ Family Name: \_\_\_\_\_  
 Alias (if any): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_ (you will be notified if additional documentation is required)

#### 3. REQUEST DETAILS (please select and provide details where possible, e.g., dates, injury, illness, etc.)

**I wish to apply for access to the following information:**

- Discharge Summaries (including ED and inpatient)
- Test Results (including all pathology and imaging reports)
- Radiological and Other Imaging on CD
- Correspondence (including GP clinic letters, referrals, etc.)
- Outpatient Clinic Notes / Charts (for all / particular specialities)
- Inpatient Progress Notes (for all / particular admissions)
- Nursing Observation Charts / Assessments / Care Plans
- Consent Forms / Operation Sheets / Anaesthetic Records
- Medication Charts / Prescription Forms
- Mental Health Act Forms / PSOLIS Management Plans
- All documents for specific admissions / injuries / illnesses
- All of the above (i.e., a complete copy of the medical record)

**Details:**

\_\_\_\_\_  
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**I wish to apply for access to other information as indicated below:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 4. METHOD FOR COLLECTION

I wish to:     **Collect in person – please ring when ready**     **Receive via Australia Post**

**\*NB\*** We use standard post only – no responsibility is taken for safe delivery once dispatched from the hospital

**Signature of Applicant:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**\*Please contact our office if you have any queries regarding this form – details listed on the following page\***



## Summary Information for the Applicant

*Please read carefully*

### 5. CHECKLIST OF REQUIREMENTS FOR YOUR VALID APPLICATION

#### Personal Applications (for access to your information or when acting on behalf of another person)

- Completed application or a formal request in writing
- Copy of your current proof of identification (does not need to be certified)
- Written consent of the other person and proof of relationship (if applicable)

#### Non-Personal Applications (for access to all other information)

- Completed application or a formal request in writing
- Copy of your current proof of identification (if applicable)
- For medical records, written consent of the other person or their legally recognised NOK / appointed guardian (if this is not you)
- \$30.00 (GST exempt) non-refundable application fee (cash, cheque or money order only)

**\*NB\*** Your application will be deemed invalid and cannot progress if these requirements are not met

### 6. THE FOI PROCESS

- Once your valid application has been received in our office, we are required by law to provide the requested information within 45 calendar days.
- Your application will be processed as soon as practicable within that timeframe – we will notify you if any delay appears likely.
- For ease of access and portability, the requested information will be provided to you on compact disc – paper copies will be provided where the information requested is minimal.
- Please note, it is environmentally unfriendly and an impracticable use of our resources to print / re-produce large volume medical records – we are happy to discuss options with you when lodging your request.
- Additional charges may be generated for Non-Personal Applications – an estimate of charges can be supplied on request.
- If you receive information that you believe contains inaccuracies or is incorrect in some way, you have the right to request an amendment – please submit a written request providing details and documented evidence to support your claim.
- If you are not satisfied with the access provided, you have the right to seek an Internal Review – please submit a written request within 30 days of receiving the Decision Maker’s access letter.
- For a comprehensive review of the FOI Act, visit the [Office of the Information Commissioner](#) website.

### 7. WHERE TO LODGE YOUR APPLICATION

	Fiona Stanley Hospital	Fremantle Hospital
<b>Via Australia Post:</b>	FOI Coordinator Fiona Stanley Hospital Locked Bag 100 PALMYRA DC WA 6961	FOI Coordinator Fremantle Hospital & Health Service PO Box 480 FREMANTLE WA 6959
<b>In Person:</b>	FOI & Medico Legal Service Ground Level, Administration Building Barry Marshall Parade MURDOCH WA 6150	FOI & Medico Legal Service M Block, Gate 6 Entrance Alma Street FREMANTLE WA 6160
<b>Or Email:</b>	<a href="mailto:FSH.FOI@health.wa.gov.au">FSH.FOI@health.wa.gov.au</a>	<a href="mailto:FH.FOI@health.wa.gov.au">FH.FOI@health.wa.gov.au</a>
<b>For All Enquiries:</b>	+61 8 6152 1057 – Mon to Fri – 8am to 4pm	+61 8 9431 2685 – Mon to Fri – 8am to 4pm Fax: +61 8 9431 2216
<b>Visit Our Website:</b>	<a href="http://fsh.health.wa.gov.au">fsh.health.wa.gov.au</a>	<a href="http://fhhs.health.wa.gov.au">fhhs.health.wa.gov.au</a>