



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: _____

NB You will be notified if you are required to provide additional proof of relationship / authorisation

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:	Details:
<input type="checkbox"/> Discharge Summaries (including ED and inpatient)	_____
<input type="checkbox"/> Test Results (including all pathology and imaging reports)	_____
<input type="checkbox"/> Radiological and Other Imaging on CD	_____

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
Via Australia Post:	FOI Coordinator Fiona Stanley Hospital Locked Bag 100 PALMYRA DC WA 6961	FOI Coordinator Fremantle Hospital & Health Service PO Box 480 FREMANTLE WA 6959
In Person:	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
Or Email:	FSH.FOI@health.wa.gov.au	FH.FOI@health.wa.gov.au
For All Enquiries:	+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
Visit Our Website:	fsh.health.wa.gov.au	fhhs.health.wa.gov.au