



Government of **Western Australia**  
Department of **Health**  
**Bentley Health Service**

**Release of Information  
REQUEST TO ACCESS DOCUMENTS  
(Mental Health Act 2014)**

**Patient details**

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: (Mr/Ms etc.): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please describe the documents you wish to access (e.g. discharge summaries, current admission records, records from previous admissions [provide approximate dates], Doctor's reports)

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send completed form to:

Health Information Officer  
Bentley Health Service  
PO Box 158  
BENTLEY WA 6982

BHS\_FOI@health.wa.gov.au

Deliver to E Block or F Block Reception attention: HIO

**Office Use Only**

Active or Inactive: \_\_\_\_\_

Date received from patient: \_\_\_\_\_

Application documented in health record (date): \_\_\_\_\_

Treating Psychiatrist name (if active patient): \_\_\_\_\_