Freedom of Information Application Form

Please tick ☑

- ☐ Bentley Health Service
- ☐ Midland Community Mental Health Service
- ☐ Swan Districts Hospital Mental Health Service (closed)
- ☐ Other (specify) ____

DETAILS OF APPLICANT		
Surname:	Given Name:	DOB:
Organisation (if applicable):		
Australian Postal Address:		
Home Phone:	Mobile:	Work:
Proof of Identity (mandatory): *Copy must be taken and provided with application*	☐ Drivers License ____________ ☐ Medicare Card ____________ ☐ Other:	

Please note that access of a third party must have written consent / authority of the patient prior to release of records. No release will occur without the patient's signed consent.

DETAILS OF PATIENT		
☐ Same as above – no further details required ☐ Patient is Deceased ○ I am applying as the closest living relative of the patient ○ Death Certificate of patient is attached (mandatory) ☐ Patient is a child under the age of 16 years ○ I am applying as the *primary* guardian of the child		
Surname:	Given Name:	DOB:
Current Postal Address:		
Proof of Identity (1 form of ID required): *Copy must be taken and provided prior to release of documents*	☐ Drivers License ____________ ☐ Medicare Card ____________ ☐ Other:	

PATIENT CONSENT
I, ____________________________ consent to the release of my personal information to the applicant ____________________________ Sign: ____ Date: ________________________

REQUEST DETAILS
I am applying for access to (please tick) ☐ Personal Documents ○ Personal documents do not incur a fee; this means that all third party references are removed including doctor and nurses names

- ☐ Non-Personal Documents
  - Non-personal documents incur a fee ($30); this means that third party references are retained however consent from third parties is sought.
  - Quote of additional approximate costs will be provided and must be accepted by the applicant prior to the release of information.

REQUIRED DOCUMENTS

Hospital/s: ____

Medical Record Number (if known): ____

ED Dates:______________________ Outpatient Dates:____________________________

Admission Dates:____

Specific Injury:____

All Records Date Range:

____

Other (please specify):____

PLEASE IDENTIFY RELEVANT RECORDS

Document Type;

- ☐ All (Full Record)
- ☐ Nursing
- ☐ Medical
- ☐ Mental Health
- ☐ Progress Notes
- ☐ Other: __________________________
- ☐ Referral Forms/Letters
- ☐ Nursing Care Plans
- ☐ Theatre Documentation
- ☐ Risk Screens
- ☐ Discharge Plans
- ☐ Discharge Summary
- ☐ Medical Charts

Correspondence;

- ☐ Letters from you
- ☐ Relative/Friends
- ☐ Doctors
- ☐ Other Hospitals
- ☐ Other: ________________________

Test Results:

- ☐ Pathology Report (Blood Tests etc.)
- ☐ Imaging Results (X-Ray, Scans etc)
- ☐ Electrocardiograms (ECGs)
- ☐ Other: __________________________
- ☐ Registration Forms
- ☐ Consent Forms

TYPE OF ACCESS

I wish to (please tick):

- ☐ View the record at the hospital under supervision
- ☐ Receive a copy of the records requested via;
  - Paper Format via Registered Mail
  - PDF emailed via My File Transfer
  - __________________________________
  - Compact Disc (CD)
  - Facsimile: _________________________

Please send all application to Coordinator Freedom of Information Bentley Health Service

PO Box 158 Bentley WA 6982	BHS_FOI@health.wa.gov.au