



**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:

Freedom of Information Coordinator
Bentley Health Service
PO Box 158
BENTLEY WA 6982

BHS_FOI@health.wa.gov.au

Deliver to E Block or F Block Reception at Bentley Health Service attention: HIO

Office Use Only

Active or Inactive: _____

Date received from patient: _____

Application documented in health record (date): _____

Treating Psychiatrist name (if active patient): _____