



ARMADALE
HEALTH SERVICE

FREEDOM OF INFORMATION APPLICATION FORM

Jan
2014

1. APPLICANT DETAILS

Surname: _____ Given Names: _____

Have you been known by any other name(s): _____

Date of Birth: _____ Medical Record Number (if known): _____

Australian Postal Address: _____

Daytime Telephone No: _____ Mobile: _____

I am applying for records on behalf of

Myself. *Go to section 3*

Another person (third party). *Go to section 2*

An Organisation- Name of Organisation _____ *Go to section 2*

Please provide two forms of photocopied identification (ie passport, driving licence, Medicare card etc)

2. PATIENT DETAILS (please fill in this section **ONLY** if you request information about another person)

Surname: _____ Given Names: _____

Date of Birth: _____ Medical Record Number (if known): _____

Relationship to patient: _____ (you will be notified if ID and written authorisation is required).

3. REQUEST DETAILS I am requesting access to the following records.

Please specify which area you wish to obtain information from (ie Emergency Department, Maternity Ward, Leschen, Mead Clinic) _____

Please describe the information you wish to obtain – include dates, names of doctors, type of operation etc, any information clarifying your request is appreciated.

Requesting amendment of records (please provide supporting documentation)

4. METHOD FOR COLLECTION

I wish to: Collect documents in person Receive document copies by post

Please note that Armadale Health Service takes no responsibility for safe delivery of mailed information.

5. FEES AND CHARGES (are applicable for access to medical records/patient information)

Personal information application fee Free of charge

For non personal information application fee will apply **\$30.00** Received: Cheque Cash

SIGNATURE OF APPLICANT: _____ **DATE:** _____

IN PERSON: FOI Coordinator
Patient Information Service
Armadale Health Service
3056 Albany Highway
Armadale WA 6112

POST TO: FOI Coordinator
Patient Information Service
Armadale Health Service
PO BOX 460
Armadale WA 6992

FAX TO: 9391 2149