



FREEDOM OF INFORMATION APPLICATION FORM FOR SWAN DISTRICT HOSPITAL

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 identification (ie Passport, Driver's Licence, Medicare Card etc)

2. PATIENT DETAILS (please fill in this section **ONLY** if requesting 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 ED, West Wing, Maternity etc)

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/Kalamunda 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: ATTN: Corporate Assistant
Consumer Liaison Office
Armadale Health Service
3056 Albany Highway
ARMADALE WA 6112

POST TO: ATTN: Corporate Assistant
Consumer Liaison Office
Armadale Health Service
PO Box 460
ARMADALE WA 6992

FAX TO: 9391 2111