**Freedom of Information Application Form**

**APPLICATION FOR ACCESS TO DOCUMENTS HELD BY THE SWAN DISTRICT HOSPITAL**

(Under the *WA Health Freedom of Information Act 1992, s12*)

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| 1. APPLICANT DETAILS | |
| Surname: Click here to enter text. | Given Name(s): Click here to enter text. |
| Have you been known by any other name(s): Click here to enter text. | |
| Date of Birth: Click here to enter text. | Medical Record No. (if known): Click here to enter text. |
| Australian Postal Address: Click here to enter text. | |
| Preferred Contact No.: Click here to enter text. | Email Address: Click here to enter text. |
| 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: Click here to enter text. *(go to section 2)*  Please send two forms of identification with this form (Passport, Driver’s License, Medicare Card etc.) | |

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| 1. PATIENT DETAILS (to be completed ONLY when seeking information about another person) | |
| Surname: Click here to enter text. | Given Name(s): Click here to enter text. |
| Date of Birth: Click here to enter text. | Medical Record No. (if known): Click here to enter text. |
| Relationship to patient: Click here to enter text. (you will be notified if ID and written authorisation is required). | |

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| 1. REQUEST DETAILS (please provide as much detail as possible e.g. dates, location, procedures etc.) | |
| I wish to apply for access to the following information:  Discharge Summaries (including ED and inpatient)  Test Results (including pathology) | **Details:**  Click here to enter text. |
| I wish to apply for other information as indicated below:  Click here to enter text. | |

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| I wish to request an amendment of records (please provide supporting documentation) |

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| 1. METHOD FOR COLLECTION | |
| I wish to:  Collect documents in person – please ring when ready | Receive document copies by post |
| Please note that the Armadale Kalamunda Group takes no responsibility for safe delivery of mailed information. | |

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| DATE OF APPLICATION: Click here to enter a date. |

**Please email your completed application to** [**SDH.FOI@health.wa.gov.au**](mailto:SDH.FOI@health.wa.gov.au)**. Please ensure you also provide copies of two forms of identification in support of this application. A photograph will suffice.**

**Summary Information for Application**

*Please read carefully*

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| 1. CHECKLIST OF REQUIREMENTS FOR A VALID APPLICATION |
| Personal Applications (access to your information or when acting on behalf of a third party person):  Have you completed all relevant details on the first page of this form?  Have you provided a copy of your current proof of identity (doesn’t need to be certified)?  Have you provided written consent from the person you are applying on behalf of (if applicable)?  Non-Personal Applications (for access to all other information):  Have you completed all relevant details on the first page of this form?  Have you provided a copy of your current proof of identity (doesn’t need to be certified)?  Have you provided written consent from the other person or their legally recognised NoK / appointed guardian?  Have you paid your $30.00 (GST exempt) non-refundable application fee (cash or cheque only)?  NOTE: Your application will be deemed invalid and will be unable to be processed if the above requirements are not met |

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| 1. THE FOI PROCESS |
| * Once your application has been received by our office and deemed to valid (meeting the above requirements), we are required by law to provide your requested information within 45 calendar days. * Your application will be processed as soon as practicable within the 45 calendar day timeframe. You will be notified if there are any foreseen delays. * For ease of access and portability, the requested information will be provided to you on a compact disc. We are happy to discuss alternate options with you when lodging your application if you wish to receive in an alternate format. * Additional charges may apply for applications for copies of large volume medical records. An estimate of charges will be provided to you and approval sought before processing the application. * If you receive information that you believe contains inaccuracies, misleading, out of date or incorrect information, you have the right to request an amendment. This request must be in writing (can be done using this form) and must be accompanied by supporting documentation as evidence of your claim. * If you are not satisfied with the access provided, you have the right to seek an Internal Review. This can be done by submitting a request in writing to the FOI department within 30 days of receiving the Decision Maker’s notification letter. * Further information on the FOI process in accordance with the FOI Act can be found on the Office of the Information Commissioner’s website: [www.oic.wa.gov.au/en-au/](http://www.oic.wa.gov.au/en-au/). |

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| 1. FOI CONTACT DETAILS | |
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| Postal Address: | Freedom of Information Department  Level G, Galliers Entrance  Armadale Health Service  PO Box 460  ARMADALE WA 6992 |
| Email Address: | [SDH.FOI@health.wa.gov.au](mailto:SDH.FOI@health.wa.gov.au) |
| Telephone No.: | (08) 9391 2734 Monday-Friday (7:00am to 3:00pm) |
| Website: | [www.ahs.health.wa.gov.au/For-patients-and-visitors/Freedom-of-Information](http://www.ahs.health.wa.gov.au/For-patients-and-visitors/Freedom-of-Information) |