



Freedom of Information Application Form
Peel Health Campus

Freedom of Information Act 1992 (WA)

Details of applicant		
Surname:	Given name:	DOB: / /
Organisation (If applicable):		
Australian postal address:		
Phone number:		
Email address:		
<input type="checkbox"/> Proof of Identity document attached (mandatory)		

Please note: if applying for access to another person's documents, you must have the written consent of the patient prior to release of records. No release will occur without signed consent from the patient.

Details of patient (if applicable)		
<input type="checkbox"/> As above – no further details required		
<input type="checkbox"/> Patient is deceased		
<input type="radio"/> I am the closest living relative of the deceased patient		
<input type="radio"/> Death Certificate of the patient is attached (mandatory)		
<input type="radio"/> \$30 application fee has been provided (payment methods overleaf)		
<input type="checkbox"/> Patient is a child under the age of 16 years		
<input type="radio"/> I am applying as the <u>primary</u> guardian of the child		
<input type="checkbox"/> Other (patient consent is required, see below)		
Surname:	Given name:	DOB: / /

Patient consent (if applicable)		
I, _____ consent to the release of my personal information to		
the applicant _____ Sign: _____ Date: / /		

Request details		
I am applying for access to (please tick):		
<input type="checkbox"/> Personal Documents		
<input type="radio"/> Personal documents do not incur an application fee; this means that all third-party information is removed, including staff names		
<input type="checkbox"/> Non-Personal Documents		
<input type="radio"/> Non-Personal documents incur a fee under FOI legislation (\$30); this means that third party information is retained however consent from the third parties will be sought.		
I am seeking documents from: _____ Hospital/Health Service		
Medical Record Number (if known): _____		

Documents required

Please describe the documents you are requesting; Include dates, locations, subject matter or any other information rather than entire files. Your reason for access (*optional*) may assist us. For example, if you are applying for NDIS you would ask for relevant documents such as your Hospital Discharge Summaries, Correspondence and Operation Reports.

Method of collection

- | | | |
|--|---|---|
| <input type="checkbox"/> Collect in person | <input type="checkbox"/> Receive on CD via Australia Post | <input type="checkbox"/> Receive via Encrypted Email Transfer |
|--|---|---|

Standard post is used. No responsibility is taken for safe delivery once dispatched.

Signature of Applicant: _____ **Date:** _____

Once your application has been received by our office, we are required by legislation to provide the requested information within 45 calendar days. Your application will be processed as soon as practicable.

If you are dissatisfied with the access provided you have the right to seek an Internal Review of the FOI Decision process. Requests for an Internal Review must be made in writing within 30 days of receiving the FOI Decision Letter.

Payment by cheque or money order	Payment by direct bank transfer
Cheque or money order payments are to be made out to: Freedom of Information Office (ABN No. is 92264956442)	South Metro Health Service Operating BSB: 066-040 Account number: 13303411 Bank: Commonwealth Bank Australia Description: patient's surname - PHC FOI Please forward a copy of the remittance advice to: PHC.FOI@health.wa.gov.au
Payment by cash	Payment by credit card transaction
Payment of the \$30 application fee can be accepted on site. Please let reception know and they will contact the site finance team. Please note that change cannot be provided so correct monies are essential.	Please contact the Finance office via (08) 9531 8000 with the following information: <ul style="list-style-type: none"> Patient name for the FOI request Name on the credit card Card number and expiry date Please forward a copy of the remittance advice to PHC.FOI@health.wa.gov.au

Peel Health Campus	
Post	FOI Officer, Peel Health Campus Medical Records, 110 Lakes Road Mandurah, WA 6210
Hand Delivered	Hand Delivered details to: Freedom of Information Office – via Front Reception - 110 Lakes Road, Mandurah, WA 6210
Email	PHC.FOI@health.wa.gov.au
Enquiries	(08) 9531 8000 8.00 am to 4.00 pm Weekdays
Website:	www.peel.health.wa.gov.au