



Sir Charles Gairdner Hospital
APPLICATION FOR ACCESS TO HEALTH INFORMATION
Freedom of Information Act, 1992 S12, Western Australia

Details of Applicant (Please Print)

Surname: _____ Given Names: _____ Title: _____
 (Please include previous names if applicable)

Postal Address: _____

Suburb: _____ Postcode: _____

Date of Birth: ____/____/____ Phone (hm): _____ Mobile: _____

Are you applying for information about another person? **Yes** **No**

If you answered **Yes**, please give details of the other person:

Surname: _____ Given Names: _____ Title: _____
 (Please include previous names if applicable)

Postal Address: _____

Suburb: _____ Postcode: _____

Date of Birth: ____/____/____ Your Relationship to this person: _____

If you are applying on behalf of someone else, you must provide original written consent signed by that person in addition to proof of identification of both parties. If the information relates to a deceased person, access will be granted to the person's closest relative who is 18 years or older. Proof of this relationship is required generally in the form of the death certificate.

Details of Request

Please advise which documents you are specifically requesting giving as much detail as possible ie: admission date, discharge summary, specific test results, outpatient clinic dates.

Administrative Release of Information

Sir Charles Gairdner Hospital aims wherever possible to release personal health information administratively as this process is faster and less formal than using the process prescribed by the *Freedom of Information Act 1992*. If you **consent** to your application being considered for Administrative Release please tick to the box below:-

I consent to the release of my SCGH medical record via the Administrative Release process.

Please note that it is not always possible to release information via this process, the decision regarding the release of documents is at the discretion of the FOI Coordinator, SCGH.

For your application to be processed, please return this form by one of the following methods with a copy of your current PHOTO IDENTIFICATION:

By Email: SCGH.FOI@health.wa.gov.au	By Mail: Release of Information Office SCGH Locked Bag 2012 NEDLANDS WA 6009 Tel: (08) 6457 2427
By Fax: (08) 6457 3523	

Once your application has been finalised please advise the method in which you would like to receive your documents:-

- Receive the document copies by registered mail
- Receive the documents via email (if within size limits) - _____

Signature: Date:

INFORMATION FOR APPLICANTS

Mental Health Records

If you are seeking a copy of medical records from the Mental Health Unit (MHU), Mental Health Observation Area (MHOA) or Ward D20 at SCGH you will need to contact the Graylands Hospital directly to make an application. Their contact details are as follows:-

Graylands Hospital FOI
Coordinator
Ph: (08) 6159 6344
Email: FOI.GH@health.wa.gov.au

Application Form

- You will need to provide sufficient information to enable the correct documents to be identified
- Have an Australian address where documents can be sent
- If you are seeking documents on behalf of another person, you will need to provide authorisation in writing
- Applications for access to documents via Freedom of Information will be processed within 45 days of receipt of a completed application
- Applications suitable for release via Administrative Release will be processed with 21 days
- Applications for amendment to documents will be processed within 30 days

Forms of Access

You can ask to access information by:

- Inspection of documents
- A copy of documents
- A computer disc
- A compact disc for copies of x-rays

Fees and Charges

There are no fees and charges for personal information. If you are applying for access to your own information, or you act on behalf of your client, you are not required to pay a fee.

Non-personal access applications incur a mandatory application fee of \$30 which must be paid simultaneously with the non-personal access application. Addition charges may be imposed:-

- | | |
|---|---------------|
| • Time spent dealing with the application | \$30 per hour |
| • Photocopying costs | .20c per page |
| • Postage and handling | cost price |

In certain cases, applicants may be eligible for a reduction in fees and charges. If you are unsure if your application is personal or non-personal please contact the ROI Department on (08) 6457 2427.

Amendment to Personal Information

If you have received personal documents and you consider the information to be out of date, incomplete, inaccurate or misleading you have the right to request an amendment of information. An application must be in writing and must provide details, or if necessary documentation, to support your claim. Your application must also indicate how you wish an amendment to be made. Please note information on a public record cannot be deleted without written certification from the Information Commissioner, in accordance with S48 of the FOI Act.

Review Rights

You have the right to ask for an Internal Review if you are not satisfied with any decision made by the Freedom of Information Coordinator. Your request must be made in writing within 30 days of your receipt of the Hospital's decision.