Application for Access to Information
Freedom of Information Act 1992 (WA)

1. APPLICANT DETAILS

Given Names: ___________________________  Family Name: ___________________________
Alias (if any): ___________________________  Date of Birth: ___________________________
Australian Postal Address: ________________________________________________________

Preferred Contact Number:  □ Landline: ___________________________  □ Mobile: ___________________________
Email Address: ________________________________________________________________

2. PATIENT DETAILS (to be completed ONLY if seeking information about another person)

Given Names: ___________________________  Family Name: ___________________________
Alias (if any): ___________________________  Date of Birth: ___________________________
Relationship to Patient: ___________________________

*NB* You will be notified if you are required to provide additional proof of relationship / authorisation

3. REQUEST DETAILS (please select and provide details where possible, e.g., dates, injury, illness, etc.)

I wish to apply for access to the following information: Details:
□ Discharge Summaries (including ED and inpatient)
□ Test Results (including all pathology and imaging reports)

I wish to apply for access to other information as indicated below:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. METHOD FOR COLLECTION

I wish to:  □ Collect in person – please ring when ready  □ Receive via Australia Post

*NB* We use standard post only – no responsibility is taken for safe delivery once dispatched from the hospital

Signature of Applicant: ___________________________  Date: ___________________________

*Please contact our office if you have any queries regarding this form – details listed on the following page*
5. CHECKLIST OF REQUIREMENTS FOR YOUR VALID APPLICATION

Personal Applications (for access to your information or when acting on behalf of another person)

☐ Completed application or a formal request in writing
☐ Copy of your current proof of identification (does not need to be certified)
☐ Written consent of the other person and proof of relationship (if applicable)

Non-Personal Applications (for access to all other information)

☐ Completed application or a formal request in writing
☐ Copy of your current proof of identification (if applicable)
☐ For medical records, written consent of the other person or their legally recognised NOK / appointed guardian (if this is not you)
☐ $30.00 (GST exempt) non-refundable application fee (cash, cheque or money order only)

*NB* Your application will be deemed invalid and cannot progress if these requirements are not met

6. THE FOI PROCESS

- Once your valid application has been received in our office, we are required by law to provide the requested information within 45 calendar days.
- Your application will be processed as soon as practicable within that timeframe – we will notify you if any delay appears likely.
- For ease of access and portability, the requested information will be provided to you on compact disc – paper copies will be provided where the information requested is minimal.
- Please note, it is environmentally unfriendly and an impracticable use of our resources to print / re-produce large volume medical records – we are happy to discuss options with you when lodging your request.
- Additional charges may be generated for Non-Personal Applications – an estimate of charges can be supplied on request.
- If you receive information that you believe contains inaccuracies or is incorrect in some way, you have the right to request an amendment – please submit a written request providing details and documented evidence to support your claim.
- If you are not satisfied with the access provided, you have the right to seek an Internal Review – please submit a written request within 30 days of receiving the Decision Maker's access letter.
- For a comprehensive review of the FOI Act, visit the Office of the Information Commissioner website.

7. WHERE TO LODGE YOUR APPLICATION

<table>
<thead>
<tr>
<th></th>
<th>Fiona Stanley Hospital</th>
<th>Fremantle Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via Australia Post:</td>
<td>FOI Coordinator</td>
<td>FOI Coordinator</td>
</tr>
<tr>
<td></td>
<td>Fiona Stanley Hospital</td>
<td>Fremantle Hospital &amp; Health Service</td>
</tr>
<tr>
<td></td>
<td>Locked Bag 100</td>
<td>PO Box 480</td>
</tr>
<tr>
<td></td>
<td>PALMYRA DC WA 6961</td>
<td>FREMANTE WA 6959</td>
</tr>
<tr>
<td>In Person:</td>
<td>FOI &amp; Medico Legal Service</td>
<td>FOI &amp; Medico Legal Service</td>
</tr>
<tr>
<td></td>
<td>Ground Level, Administration Building</td>
<td>M Block, Gate 6 Entrance</td>
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<tr>
<td></td>
<td>Barry Marshall Parade</td>
<td>Alma Street</td>
</tr>
<tr>
<td></td>
<td>MURDOCH WA 6150</td>
<td>FREMANTE WA 6160</td>
</tr>
<tr>
<td>Or Email:</td>
<td><a href="mailto:FSH.FOI@health.wa.gov.au">FSH.FOI@health.wa.gov.au</a></td>
<td><a href="mailto:FH.FOI@health.wa.gov.au">FH.FOI@health.wa.gov.au</a></td>
</tr>
<tr>
<td>For All Enquiries:</td>
<td>+61 8 6152 1057 – Mon to Fri – 8am to 4pm</td>
<td>+61 8 9431 2685 – Mon to Fri – 8am to 4pm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax: +61 8 9431 2216</td>
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<tr>
<td>Visit Our Website:</td>
<td>fsh.health.wa.gov.au</td>
<td>fhhs.health.wa.gov.au</td>
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