FREEDOM OF INFORMATION APPLICATION FORM

Applicant/Patient Details

Given Name(s): _______________________________ Surname: ______________________________

Date of Birth: ________________________________ Hospital UR No: (if known) __________________

Address: _____________________________________________________________________________

Suburb: ________________________________________ Postcode: _____________________________

Telephone: (Home) __________________ (Work) ___________________ (Mobile) _________________

If you are not the patient to whom this request relates please also complete this section.

Given Name(s): _______________________________ Surname: ______________________________

Address: _____________________________________________________________________________

Suburb: ________________________________________ Postcode: _____________________________

Telephone: (Home) __________________ (Work) ___________________ (Mobile) _________________

Do you have the patient’s authority to access his/her medical records?

☐ Yes (Please attach authority*) ☐ No

*If the Freedom of Information application is for the medical records belonging to a patient who is not
the Applicant, the Application should be accompanied by evidence that the Applicant has the authority
to access the medical records. For example, proof that the Applicant is the Executor of the Deceased
Estate or other legal authority.
Description of the Documents Requested

Request for access to medical records

☐ Time of Birth request

Please specify the part(s) of the record you require:

_____________________________________________________________________________________

_____________________________________________________________________________________

Signature: ________________________________ Date: ________________________________

Please attach all of the following:

1. Application Fee $28.40 (Non-refundable)**. Cheque or money order made payable to Western Health.
2. Completed Application Form.
3. Photo ID (eg current Driver’s Licence/Passport).

**Concession: If you are the holder of a current Health Care/Pension Card, the application fee may be waived. Please provide a copy of the entitlement card.

When we receive your signed Application Form, photo ID and application fee the FOI process begins. We have 45 days to respond to your request. A Tax Invoice will be sent which includes:

- $21.30 search fee (per hour or part thereof)
- Photocopying/electronic record print fee (estimate per page 20 cents - $1.00)
- CD $60 per disc
- Registered mail/Courier fees (if applicable)

Return to: Freedom of Information
Western Health
Locked Bag 2
FOOTSCRAY VIC 3012

Contact us:
Email: foi@wh.org.au
Tel: (03) 8345 6352 or 8345 7269