



Western Health

## **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) \_\_\_\_\_

Email: \_\_\_\_\_

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### **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) \_\_\_\_\_

Email: \_\_\_\_\_

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.

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**Description of the Documents Requested**

- Last Admission
- Last ED Attendance
- Complete medical record from 2012 to date
- Time of Birth
- Other. Please specify the part(s) of the record you require:

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and/or attach the following:**

1. Application Fee \$30.10 (Non-refundable)\*\*. EFT, credit card, cheque or money order made payable to Western Health.

**EFT Payments to be made to:**

Please include the following reference as the description when making the payment: **FOI [your surname]**

Bank Details: NAB

Name: Western Health Operating Account

BSB: 083 170

Account: 123660703

Email Remittance to: [foi@wh.org.au](mailto:foi@wh.org.au)

**Credit Card Payments:**

Please call Western Health Finance department on (03) 8345 6915.

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 will begin. We have 30 days to respond to your request. A Tax Invoice will be sent which includes:

- \$22.20 search fee (per hour or part thereof)
- Photocopying/electronic record print fee (estimate per page 20 cents -\$1.00)
- CD \$15 per disc
- USB \$25
- 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](mailto:foi@wh.org.au)  
Tel: (03) 8345 6352**