

## Freedom of Information Application to Access Personal Health Information (from 1 July 2023)

### SECTION A: PATIENT DETAILS

Title ----- Surname (Family Name): -----  
Given Name(s):----- Date of Birth-----  
Hospital UR No: (If Known)----- Residential Address:-----  
-----Postcode:-----  
Contact Phone No: Home:-----Work :----- Mobile: -----  
Email: -----  
Patient's Signature: ----- Date:-----

### SECTION B: APPLICANT DETAILS

*Please complete this section if you are applying for access to information relating to another person\**

Surname (Family Name):-----Title -----  
Given Name (s):----- Address:-----  
----- Postcode:-----  
Contact Phone No: Home:-----Work :----- Mobile: -----  
Email:-----  
Relationship to Patient:-----  
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 must be accompanied by evidence that the Applicant has the authority to access the medical records. For example, written consent from the patient, or if the application is made for a deceased's medical records, identification which clearly shows you are the senior next of kin (e.g., Death certificate and birth certificate) or a copy of the Will if you are the Executor of the estate.*

**SECTION C: SITE(S) ATTENDED**

- |   |   |
|---|---|
| <input type="checkbox"/> Sunshine Hospital (including Joan Kirner Women's and Children's)   | <input type="checkbox"/> Grant Lodge Residential Aged Care  |
| <input type="checkbox"/> Williamstown Hospital  | <input type="checkbox"/> Bacchus Marsh Hospital   |
| <input type="checkbox"/> Footscray Hospital   | <input type="checkbox"/> Bacchus Marsh Community Health Centre  |
| <input type="checkbox"/> Sunbury Day Hospital   | <input type="checkbox"/> Caroline Springs Community Health Centre   |
| <input type="checkbox"/> Hazeldean Transition Care in Williamstown  | <input type="checkbox"/> Melton Health  |
| <input type="checkbox"/> Mental Health and Wellbeing Services – Adult (includes services operated as Mid-West Area Mental Health Services prior to 1 July 2023) | <input type="checkbox"/> Melton Health & Community Services   |
|   | <input type="checkbox"/> Mental Health and Wellbeing Services - Aged/Older Adults (includes the Aged Persons Mental Health Unit and the Special Dementia Care Unit) |

**SECTION D: DOCUMENTS REQUESTED (Please tick on relevant box)**

*Please note that a request for historical records stored off-site will prompt consultation and a request for a 30-day extension of time to make a decision. Additional access charges will also apply (see Fees and Charges). Please clearly describe the documents you wish to access which will help Western Health identify the documents you are requesting i.e., 'Records from my ED attendance on 14.06.22'*

- Electronic Medical Record from 2012 (Footscray, Sunshine, Williamstown)
- Electronic Medical Record from 2007 (Bacchus Marsh Melton Sites)
- Radiology Images on USB (including X-Rays, MRI, CT scan images etc.)
- Part of my Medical Record (any format):
  - Last Admission-----
  - Last ED Attendance-----
  - Mental Health and Wellbeing records-----
  - Other (Please specify below)
- Request for other documents for example, archived historical medical records (please describe below)  
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*Please note that the Radiology Imaging for Bacchus Marsh Melton Sites is conducted by a third-party provider. Any requests for Radiology Imaging will be transferred directly to the third-party provider.*

- Time of Birth**
  - Birth Mother's Full Name: -----  
(At the Time of Birth)
  - Birth Mother's DOB: -----
  - Hospital: -----  
(Footscray /Sunshine /Williamstown/ Bacchus Marsh)

SECTION E: FEES AND CHARGES	
Application Fee	<b>\$31.80 (non-refundable)</b>
Search Fee (if applicable)	<b>\$23.85 (per hour or part thereof)</b>
Retrieval Fee for archived hard-copy offsite records (if applicable)	<b>\$18.40</b>
Additional access charges	<b>See below (subject to choose of access by applicant and if access can be provided in that form)</b>
<b>All Sites</b>	<b>Cost</b>
<input type="checkbox"/> Electronic Copy of the record through electronic link	<b>No access charge (a search fee may still apply)</b>
<input type="checkbox"/> Registered Post	<b>\$11.00 (minimum)</b>
<input type="checkbox"/> Black and White A4 Photocopying	<b>\$0.20 per black and white A4 page</b>
<input type="checkbox"/> USB	<b>\$30.00 \$15.00 for every additional USB (beyond the first USB)</b>
<input type="checkbox"/> Historical Records	<b>Subject to reasonable costs incurred by WH</b>
<p><i>I understand that an Application Fee must be paid with my application for it to be a valid request which is non-refundable under the Freedom of Information Act 1982 (Vic) (FOI Act).</i></p> <p><i>I also understand that additional access charges may apply for processing the request under the FOI Act, and that I will be provided with an invoice along with the decision on my request.</i></p> <p><i>I also understand that historical document requests may be refused if consultation on an extension of time and access charges is not completed within a reasonable time-frame.</i></p> <p><b><u>Concessional Information</u></b></p> <p><i>If you have a current Healthcare/Pension Card, the application fee may be waived (access charges may still apply). Please ensure you attach to your request a copy of your pension or healthcare card.</i></p>	
<p><b>Applicant's Signature: ----- Date :-----</b></p>	

## SECTION G: PAYMENT OPTIONS

### EFT Payments to be made to:

Please include the following reference as the description when making the payment:

**FOI [Your surname and/or UR if known, without a reference we will not be able to identify your payment]**

Bank Details: NAB

Name: Western Health Operating Account

BSB: 083170

Account: 123660703

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

### Credit Card Payments:

Please call the Western Health Finance Department on (03) 8345 6915

## SECTION H: APPLICATION CHECKLIST

- I have completed the FOI Application Form; and
- I have paid the Application Fee (or included a copy of my concession card; and
- I have included Photo Identification (current drivers' licence and/or passport); and
- I have included relevant authority from the patient authorising me to access the information or other relevant legal authority (if relevant).

### Return your Application To:

By email: [foi@wh.org.au](mailto:foi@wh.org.au)

### By MAIL:

Freedom of Information (FOI)

Western Health

Locked Bag 2

Footscray VIC 3012

### What's Next?

We will confirm receipt of your application by email and begin to process your request. Once we have determined that your application is valid, you will be advised of our decision in 30 days if no third-party consultation is required or if no extension is sought.

To follow up on the status of an application where you have not received our confirmation of receipt or our decision within 30 days, please email [foi@wh.org.au](mailto:foi@wh.org.au).