



Government of **Western Australia**  
**South Metropolitan Health Service**  
**Fiona Stanley Fremantle Hospitals Group**

Freedom of Information Application Form  
Fiona Stanley Fremantle Hospitals Group (FSFHG)  
*Freedom of Information Act 1992 (WA)*

Details of Applicant		
<b>Surname:</b>	<b>Given Name:</b>	<b>DOB:</b> / /
Organisation (If applicable):		
<b>Australian Postal Address:</b>		
<b>Phone Number:</b>		
<b>Email Address:</b>		
<input type="checkbox"/> <b>Proof of Identity Document attached (mandatory)</b>		

Please note: if applying for access to another person's documents, you must have the written consent of the patient prior to release of records. No release will occur without signed consent from the patient.

Details of Patient (if applicable)
<input type="checkbox"/> As above – no further details required
<input type="checkbox"/> Patient is Deceased <ul style="list-style-type: none"><li><input type="radio"/> I am the closest living relative of the deceased patient</li><li><input type="radio"/> Death Certificate of the patient is attached (mandatory)</li><li><input type="radio"/> \$30 application fee has been provided (payment methods overleaf)</li></ul>
<input type="checkbox"/> Patient is a child under the age of 16 years <ul style="list-style-type: none"><li><input type="radio"/> I am applying as the <u>primary</u> guardian of the child</li></ul>
<input type="checkbox"/> Other (patient consent is required, see below)

<b>Surname:</b>	<b>Given Name:</b>	<b>DOB:</b> / /
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Patient Consent (if applicable)
I, _____ consent to the release of my personal information to the applicant _____ Sign: _____ Date: / /

Request Details
I am applying for access to (please tick): <ul style="list-style-type: none"><li><input type="checkbox"/> Personal Documents<ul style="list-style-type: none"><li><input type="radio"/> Personal documents do not incur an application fee; this means that all third party information is removed, including staff names</li></ul></li><li><input type="checkbox"/> Non-Personal Documents<ul style="list-style-type: none"><li><input type="radio"/> Non-Personal documents incur a fee under FOI legislation (\$30); this means that third party information is retained however consent from the third parties will be sought.</li></ul></li></ul>
I am seeking documents from: _____ Hospital/Health Service
Medical Record Number (if known): _____

### Documents Required

Please describe the documents you are requesting; Include dates, locations, subject matter or any other information rather than entire files. Your reason for access (*optional*) may assist us. For example, if you are applying for NDIS you would ask for relevant documents such as your Hospital Discharge Summaries, Correspondence and Operation Reports.

### Method of Collection

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Collect in person | <input type="checkbox"/> Receive on CD<br>via Australia<br>Post | <input type="checkbox"/> Receive via Encrypted Email Transfer |
|--|---|---|

**Standard post is used. No responsibility is taken for safe delivery once dispatched.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Once your application has been received by our office, we are required by legislation to provide the requested information within 45 calendar days. Your application will be processed as soon as practicable.

If you are dissatisfied with the access provided you have the right to seek an Internal Review of the FOI Decision process. Requests for an Internal Review must be made in writing within 30 days of receiving the FOI Decision Letter.

### Payment by Cheque or Money Order

Cheque or money order payments are to be made out to:  
Freedom of Information Office  
(ABN No. is 13993250709)

### Payment by direct bank transfer

South Metro Health Service Operating  
BSB: 066-040 Account number: 13303411  
Bank: Commonwealth Bank Australia  
Description: patient's surname \_FOI  
Please forward a copy of the remittance advice to: [FSFHG.FOI@health.wa.gov.au](mailto:FSFHG.FOI@health.wa.gov.au)

### Payment by cash

Payment of the \$30 application fee can be accepted at our offices within Fremantle & Fiona Stanley Hospitals between 8am and 4pm weekdays.

Please note that change cannot be provided so correct monies are essential.

### Fiona Stanley Fremantle Hospitals Group

<b>Post</b>	FOI Coordinator - Fiona Stanley Fremantle Hospitals Group Locked Bag 100, PALMYRA DC WA 6961
<b>Hand Delivered</b>	Freedom of Information Office, Fiona Stanley Hospital Administration Building, Barry Marshall Parade, MURDOCH 6150
<b>Email</b>	<a href="mailto:fsfhg.foi@health.wa.gov.au">fsfhg.foi@health.wa.gov.au</a>
<b>Enquiries</b>	08 6152 1057 8.00 am to 4.00 pm Weekdays
<b>Website</b>	Fiona Stanley Hospital: <a href="https://www.fsh.health.wa.gov.au">https://www.fsh.health.wa.gov.au</a> Fremantle Hospital: <a href="https://www.fhhs.health.wa.gov.au">https://www.fhhs.health.wa.gov.au</a>