Freedom of Information Application Form
Fiona Stanley Fremantle Hospitals Group (FSFHG)

**Freedom of Information Act 1992 (WA)**

### Details of applicant

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Given name:</th>
<th>DOB: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation (If applicable):</td>
<td></td>
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<tr>
<td>Australian postal address:</td>
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<tr>
<td>Phone number:</td>
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<tr>
<td>Email address:</td>
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- **Proof of Identity document attached (mandatory)**

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)

- **As above – no further details required**
- **Patient is Deceased**
  - I am the closest living relative of the deceased patient
  - Death Certificate of the patient is attached (mandatory)
  - $30 application fee has been provided (payment methods overleaf)
- **Patient is a child under the age of 16 years**
  - I am applying as the *primary* guardian of the child
- **Other (patient consent is required, see below)**

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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):

- **Personal Documents**
  - Personal documents do not incur an application fee; this means that all third party information is removed, including staff names
- **Non-Personal Documents**
  - 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.

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
☐ Collect in person  ☐ Receive on CD via Australia Post  ☐ 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  Payment by direct bank transfer
Cheque or money order payments are to be made out to: South Metro Health Service Operating
Freedom of Information Office Bank: Commonwealth Bank Australia
(ABN No. is 13993250709) Description: patient’s surname _FOI

Please forward a copy of the remittance advice to: FSFHG.FOI@health.wa.gov.au

Payment by cash  Payment by credit card transaction
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.

Please contact FSHFG FOI on 6152 1057 with the following information:
- Patient name for the FOI request
- Name on the credit card
- Card number & expiry date

Please forward a copy of the remittance advice to: FSFHG.FOI@health.wa.gov.au

Fiona Stanley Fremantle Hospitals Group
Post  FOI Coordinator - Fiona Stanley Fremantle Hospitals Group
      Locked Bag 100, PALMYRA DC WA 6961

Hand Delivered  Freedom of Information Office, Fiona Stanley Hospital
      Administration Building, Barry Marshall Parade, MURDOCH 6150

Email  fsfhg.foi@health.wa.gov.au

Enquiries  08 6152 1057 8.00 am to 4.00 pm Weekdays

Website  Fiona Stanley Hospital: https://www.fsh.health.wa.gov.au
          Fremantle Hospital: https://www.fhhs.health.wa.gov.au