

APPLICATION FOR ACCESS TO INFORMATION

RETURN TO: Health Information Manger
PO Box 45
CLAREMONT
WESTERN AUSTRALIA 6910

Ph: 9340 6300

APPLICANT DETAILS	
Mr/Mrs/Miss/Ms/Dr: Surname: Given Names: Ms/Date of Birth: Telephone No.: [H] [M] Mustralian Postal Address: State: Postcode: Email: Applicants relationship to Patient: Self / Next of kin / Other Signed written consent must be obtained from patient to obtain medical records on behalf of the patient. If the patient is deceased, certified consent for the executor of the Will or Administrator of the Estate must be provided	
PATIENT DETAILS TICK IF SAME AS ABOVE	
Surname: Given Names: Date of Birth:	
DETAILS OF REQUEST	
Describe clearly the documents you wish to access (including date, location, subject matter or any other information which would help identify the documents/information requested) REASON FOR REQUEST	
Please outline the reason you wish to access the documents/information	



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Requestor notified of Denial: Yes Date:

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DISTRIBUTION (PLEASE CIRC	LE A DELIVERY METHOD)
	Requested information to be COLLECTED in person
	(Certified identification will be required prior to release of information)
	OR
	Requested information to be POSTED by registered mail
	(Certified identification will be required prior to release of information)
	OR
	Other
	otriei
	(Please specify)
	* Proof of Identification is required to collect requested information in person
FEES AND CHARGES	
l acknowledge	that I may be charged an administration fee for the processing of my application which includes
	ormation, photocopying, postage and delivery. An invoice will be provided which is to be paid prior
	to the requested information being released.
Applicants Signa	ture:
	This application may take up to 30 days to process as per legislation.
Δ certified	original copy of identification (e.g. photocopy of passport or drivers' licence) must accompany
A certified	the application form, for the application to be processed.
	pp
	(Hospital use only)
MRN:	Received on:Acknowledgment sent on:
Approval for release:	Yes Information dispatched Date:
	□ No Reasons for Denial / Partial Denial: