# Application for Access to Health Information

### Details of applicant

Title: First name: Last name:

Date of birth: Phone (h): (mob):

Postal address:

Suburb: Postcode:

Email address:

Are you applying for information about another person? ☐ Yes ☐ No  
If you answered yes, please provide details of the other person:

Title: First name: Last name:

Date of birth: Your relationship to this person:

***If you are applying on behalf of someone else and not the Next of Kin, you must provide documentation which clearly shows that you are the legal guardian   
(e.g. birth certificate, death certificate, copy of family court orders).***

### Child and Adolescent Health Service (CAHS) Areas

### (please indicate which service area you are seeking information from)

☐ Perth Children’s Hospital (PCH)

☐ Neonatology

☐ Community Health (CH) – please indicate location of service area

☐ Mental Health (CAMHS) – please indicate location of service area

### Request - please describe the documents you are requesting

### If you are unsure about the type of documents that are held within a medical chart please contact CAHS ROI on 6456 4354 and they will assist you in determining what documents to request. You may provide your reason for access, however this is optional.

**Please Note: medical and psychiatric information may need to be released via a suitably qualified person nominated by an applicant and not directly to the applicant.**

**Date/s or range of dates of requested information:**

(for example, 01 May 2018 – 30 June 2018)

**Details of the specific information or document/s being requested:**

(for example, discharge summary for Emergency Presentation, operation report and follow up Orthopaedic appointments)

**Subject matter of the request:**

(for example, broken leg)

**Administrative release (AR) of information**AR is a less formal way of accessing information than the process prescribed by the Freedom of Information Act 1992. However, under an AR process there is no right to an external review by the Office of the Information Commissioner.

If you agree for Administrative Release, please tick the box.

☐ I consent to the release of my CAHS medical record via the AR process.

**Freedom of Information (FOI) release**The Freedom of Information (FOI) Act 1992 creates a right of access to documents (subject to exemptions). Applications made under FOI are processed within the provisions of the FOI Act.

**If you have ticked yes to an AR release you do not need to tick this box.**

☐ Please manage my application under FOI.

### Personal information Please note: if you tick any of the below boxes the agency may not need to consult as widely which means applications may be dealt with quicker and incur lower charges.

☐ I consent to all ‘prescribed personal details’ of this agency’s officers being deleted from the requested document/s (information to be removed includes names, qualifications and position titles)

☐ I consent to my name being disclosed to any third parties as required, to manage my application

**Information type**

If you are unsure if your application is personal or non-personal, please contact the CAHS ROI Department on (08) 6456 4354 for assistance.

☐ Personal information(there is no charge for requests for personal information)

☐ Non-personal information (fees may apply)

Third party information (information about an individual other than the patient) will be deleted from the requested documents if the application is for personal information.

**General Practitioner / Specialist**

Requests for access to information from your general practitioner or specialist may be made directly to the below service areas:

- PCH - Health Information and Administrative Services (HIAS)

- Child and Adolescent Health Services - Community Health (CH)

- Child and Adolescent Mental Health Services (CAMHS)

**Applicant signature: Date:**

### Lodging an Application (application form and certified identification)

To complete the ROI application process, please ensure the document is signed, dated and lodged with [**CAHS.ROI**](mailto:CAHS.ROI@health.wa.gov.au).

ROI applications cannot begin being processed until certified identification and payment of the application fee (if applicable) have been received.

* Please provide **sufficient information** to enable the **specific** **documents to be identified**
* Provide a copy of **certified identification** (please refer below)
* Provide an Australian address where documents can be sent
* If you are seeking documents on behalf of another person, you will need written authorisation
* Your application will be dealt with as soon as practicable and within the time specified in the FOI Act (**45 days** after a valid application is received).

For your application to be processed, please return this form by one of the following methods with a copy of your current ***certified photo identification*** *(see below for detail)*:

**By email:** [CAHS.ROI@health.wa.gov.au](mailto:CAHS.ROI@health.wa.gov.au)

**By mail:** Release of Information  
Child and Adolescent Health Service

Perth Children's Hospital

Locked Bag 2010

NEDLANDS WA 6909

### Fees and charges (There are no fees or charges for personal information, should processing charges be required for non-personal information you will be supplied with a statement of charges as appropriate)

Non-personal access applications incur a mandatory application fee of $30 (made out to Child and Adolescent Health Service) which must be paid with the non-personal access application. In certain cases, applicants may be eligible for a reduction in fee and charges. Addition charges may be imposed:-

* Time spent dealing with the application: $30 per hour
* Photocopying costs: 0.20c per page
* Postage and handling: cost price

## **Certified photo identification**

### Why does Perth Children’s Hospital ask for a certified copy of photo identification?

The Release of Information Office receives a large number of health information requests each year for access to personal documents, and needs to make a decision about releasing the documents to the applicant. Providing a certified copy (certified within a 12 month period) of photo identification (such as a driver’s license or passport) with the application form, assists the office to verify that the applicant is the person who they claim to be.

### What is a certified copy of photo identification?

A certified copy is a photocopy that has been verified to be a true copy by an approved witness (see next section). The person certifying the photocopy must sight the original document and make sure that the photo is of the same person. The person who certifies the identification must do the following:

* Stamp or write ‘This is a true copy of the document sighted by me’.
* Write the date and their signature.
* Include their contact details (name, address and telephone number).
* Use their official stamp or seal of their organisation or write their profession and organisation name.

### Who can certify a copy of my photo identification?

There are many people who can certify photo identification, including the following:

* A pharmacist
* A principal of a primary school, high school or secondary college
* A member of the police force
* A justice of the peace or a bail justice
* A registered medical practitioner
* A registered dentist
* A veterinary practitioner

### What if I don’t have any photo identification?

If you do not have any photo identification, please provide certified copies of two other documents that show your identity, such as your birth certificate, Medicare card, pension card, or an official letter that is addressed to you which shows your current address. If you are unable to provide these documents, please contact the CAHS Release of Information department on 6456 4354.