



Application for access to health information

Freedom of Information Act, 1992 S12, Western Australia

Details of applicant

Title: First name: Last name:

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

Postal address:

Suburb: Postcode:

(for receipt of notices under s.12(1)(c) of the FOI Act, please provide a postal address in Australia)

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, you must provide documentation which clearly shows that you are the parent/guardian (e.g. birth certificate, death certificate, copy of family court orders).

Agency (indicate to which agency the application is being made, choose one)

- Perth Children's Hospital
- Community Health – please indicate service area
- Mental Health – please indicate service area

15 Hospital Ave, Nedlands, WA, 6009

Ph 08 6456 2222

cahs.roi@health.wa.gov.au

cahs.health.wa.gov.au

Community Health

Mental Health

Perth Children's Hospital

Compassion

Collaboration

Equity

Respect

Excellence

Accountability



Request

If you are unsure about the type of documents that are held within an medical record please contact CAHS ROI on 6456 4354 and they will assist you in determining what documents to request.

Please describe the documents you are requesting (include names, dates, location, subject matter or any other information that would assist with identifying the documents). Please specify actual documents rather than entire files. Your reason for access (optional) may assist.

Subject matter of the request:
(for example, broken leg)

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)

Administrative release (AR) of information

AR is a less formal way of accessing information than the process prescribed by Freedom of Information Act 1992, however not always possible. The decision regarding the release of documents is at the discretion of the ROI Coordinator, CAHS. Child and Adolescent Health Service may consider releasing your personal health information administratively.

If you agree for Administrative Release please tick the box.

I consent to the release of my CAHS medical record via the Administration Release process.

Personal information

Please note: if you tick any of the below boxes this means that 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 'personal information' of WA state and local government officers being deleted from the requested document/s

(information that would be removed includes name and signatures of state and local government officers contact details and position titles)

I consent to all 'prescribed details' of this agency's officers being deleted from the requested document/s (information that would be removed includes names and position titles of this agency's officers)

I consent to my name being disclosed to any third parties that are consulted

(as required by sections 32 and 33 of the FOI Act, providing this information to third parties who ask for it enables the consultation process to be finalised more efficiently and quickly as third parties are generally more willing to consent to the release of personal and/or business information if they are aware of who the access applicant is)

Information type (category of request, choose one)

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 only personal information)

Non-personal information (fees apply)

'Personal information' of third parties will be deleted from the requested documents if the application is for personal information

(information that would be removed includes names, contact details, signatures and identifying information of third parties that are not local government officers)

To complete the ROI application, please sign, date below and lodge with CAHS.

Applicant signature:

Date:

Lodging an Application

(application form and certified identification)

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

- Please provide sufficient information to enable the correct documents to be identified
- Provide a copy of certified identification
- 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

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 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. Additional 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 to access information, 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.