



Mercy Health

Care first

FREEDOM OF INFORMATION ACCESS REQUEST FORM

PLEASE NOTE: All applications must be accompanied by a copied form of identification (e.g. Driver's licence or Medicare card)and the Freedom of Information application fee of \$30.10. Payment should be by cheque made payable to Mercy Hospitals Victoria Ltd. The fee will be waived if you can provide a copy of a current health care or pension card.

SECTION 1 – Hospital records

I require hospital records from the following Mercy Health sites:

- | | |
|---|--|
| <input type="checkbox"/> Mercy Hospital for Women | <input type="checkbox"/> Werribee Mercy Hospital |
| <input type="checkbox"/> Mercy Health O'Connell Family Centre | <input type="checkbox"/> Mercy Mental Health Program |

SECTION 2 – Patient Details *(please print)*

SURNAME:		GIVEN NAME:	
DATE OF BIRTH:			
POSTAL ADDRESS:			
POSTCODE:			
PHONE: WORK:		PRIVATE:	
		MOBILE:	
EMAIL (optional) :			

SECTION 3 – Requestor details *(This section only needs to be completed if you are not the patient/client to whom the request relates)*

SURNAME:		GIVEN NAME:	
POSTAL ADDRESS:			
POSTCODE:			
PHONE: WORK:		PRIVATE:	
		MOBILE:	
EMAIL (optional) :			

What is your relationship to the patient to whom the request relates?.....

In the instance where the patient is deceased, are you the patient's senior available next of Kin? *(Refer to Freedom of Information and You Fact Sheet)* Yes No

In the instance where the patient cannot make an informed decision, are you the authorised representative? *(Refer to Freedom of Information and You Fact Sheet)*
 Yes *(please attach evidence)* No

If **No** to any of the above, have you attached a written authority permitting you to access the patient's records?
 Yes (*please attach*) No

Note: You may not access someone else's medical record without appropriate consent.

Section 4 – Information required

Please specify which information you require from the requested medical record.

- Complete record **OR**
- Other.....
.....

Option:

I do not require a copy but wish to view the record under supervision instead. I realise fees and charges still apply. Please contact me to arrange a suitable date and time.

Reason for FOI Request:

.....
.....

Section 5 – Declaration

I understand that my request will not become valid until payment of the application fee has been made or I have attached a copy of a valid concession card. Where this request relates to a third party, I understand that the application is not considered valid until the application fee (or equivalent) and a written authority have been attached. I also understand that in addition to the application fee, further charges (e.g. photocopying, viewing) may apply. I acknowledge that the Freedom of Information officer has up to 30 days to respond to this request and that:

1. the response time may be increased by 15 days without my consent if Mercy Hospitals Victoria Ltd is required to consult with third parties regarding my request; and
2. the response time may be extended by additional periods of 30 days with my consent.

Signature..... Date: / /

Please complete and return to the hospital or health service at which you were treated:

Mercy Hospital for Women:

O'Connell Family Centre:
Freedom of Information Officer
Health Information Services
Mercy Hospital for Women
163 Studley Road
HEIDELBERG VIC 3084
Phone: (03) 8458 4169
Fax: (03) 8458 4128
Email: foi@mercy.com.au

Werribee Mercy Hospital:
Freedom of Information Officer
Health Information Services
Werribee Mercy Hospital
300 Princes Highway
WERRIBEE VIC 3030
Phone: (03) 8754 3623
Fax: (03) 8754 3601
Email: FOIWMH@mercy.com.au

Mercy Mental Health Program:

Freedom of Information Officer
Mercy Mental Health
PO Box 2083
FOOTSCRAY VIC 3011
Phone: (03) 9928 7444
Fax: (03) 9928 7440
Email: MMHfoi@mercy.com.au