



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 \$30.60. 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