Mercy Health Care first	**Mercy Health**	UR No:	
		Family Name:	
FREEDOM OF INFORMATION ACCESS REQUEST		Given Name:	
		DOB:	Sex:
		Address: (if no UR)	
		COMPLETE ALL FIELDS OR ATTACH PATIENT LABEL	

SECTION 1: HOSPITAL RECORDS

I require hospital records from the following Mercy Health site/s:

☐ Mercy Hospital for Women	☐ Werribee Mercy Hospital
☐ Early Parenting Centres	☐ Mercy Mental Health Program

SECTION 2: PATIENT DETAILS (PLEASE PRINT)

Surname:		Given Name:	
Date of Birth:			
Postal Address:			
Postcode:			
Phone:		Mobile:	
Email:			

SECTION 3: REQUESTER DETAILS

This section only needs to be completed if you are not the patient/client to whom the request relates

Surname:		Given name:	
Date of birth:			
Postal Address:			
Postcode:			
Phone:		Mobile:	
Email:			
Relationship to patient:			

AUTHORITY FOR A REPRESENTATIVE TO ACT

Please provide additional supporting documentation:

1. Copy of representative's personal identification (e.g. copy of drivers licence or passport);
2. Patient's written authorisation below;
3. Relevant legal documents (e.g. Will, Probate, Medical Power of Attorney, Guardianship Order)

I, [name] _____ give permission and authorisation for my representative to act on my behalf and have access to any information requested.

Signature:	Date: _____/_____/_____

BINDING MARGIN – NO WRITING

FREEDOM OF INFORMATION ACCESS REQUEST *LEG 0010*

Mercy Health Care first		UR No:
		Family Name:
FREEDOM OF INFORMATION ACCESS REQUEST		Given Name:
		DOB: / Sex:
		Address: (if no UR)
		COMPLETE ALL FIELDS OR ATTACH PATIENT LABEL

DECEASED PATIENT

In the instance where the patient is deceased, are you the patient's senior available next of Kin?

☐ YES ☐ NO

If the patient is deceased, please provide:

1. The written authorisation of the person's senior available next of kin;
2. Proof the senior available next of kin is over 18; and
3. A copy of the death certificate

Please note any identification documents are not held / stored by Mercy Health after processing the application

SECTION 4 – DOCUMENTS REQUESTED

Please specify the documents you would like to access from the medical record.

Note: Your request must include sufficient information for us to identify the documents you are seeking. If we need further clarification, we will contact you before your request is considered valid under the FOI Act.

☐ Please specify dates of care or parts of record required (we can help you decide exactly what you need).

☐ **OR** - are you requesting time of birth only? If so, please complete details below:

Mother's First Name:

Mother's Last Name:

Mother's Date of Birth:

SECTION 5: FORMAT OF RELEASE

Information will be sent electronically via secure emails unless a paper copy or USB is requested.
If you do not wish for your records to be emailed, please tick below for alternate access.

☐ Printed paper copy
☐ Copy on USB
☐ Time of Birth letter (for time of birth request)
☐ View the original documents

If you would like to view your record only, we can make arrangements for this. Please add a note here.

SECTION 6: FEES AND PAYMENT

Application fee:	**$34.50** – An application fee must accompany this form before the processing of this request can start. For waiver of the fee, provide a photocopy of your valid Health Care Card or Pension Card or other evidence of hardship.
Electronically via USB:	**$15** (must be collected – cannot be mailed)
Printed copy:	Printed copy (black and white) **$0.20 cents per page**
Postage:	**TBA**

Payment can be made using the banking details below

BSB	**083-004**
Name of the Bank Account	**Mercy Hospitals Victoria Ltd**
Account Number	**515142315**
Reference Number	**Please use the name of the patient as the Reference Number**

Please email your remittance/payment advice to: HealthServicesBillingVIC@mercy.com.au

BINDING MARGIN – NO WRITING

NO WRITING

Mercy Health Care first	**Mercy Health**	UR No:
		Family Name:
FREEDOM OF INFORMATION ACCESS REQUEST		Given Name:
		DOB: / Sex:
		Address: (if no UR)
		COMPLETE ALL FIELDS OR ATTACH PATIENT LABEL

SECTION 7: DECLARATION

I understand that my request will be processed in accordance with the FOI Act 1982 (VIC). The 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 for a fee waiver. 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, CD, USB, Postage] may apply. I acknowledge that the Freedom of Information officer has up to 30 days to respond to this request from valid date and that:

1. The response time may be extended 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:**

CHECKLIST FOR APPLICATION

☐ Completed FOI Application Form sent via email or by post to the address as shown below.
☐ Photo ID [Drivers' License, Passport] sent with application form.
☐ A copy of Pension / Healthcare Card to waive the application fee.
☐ A copy of any relevant legal documents (e.g. Will, Probate, Medical Power of Attorney, Guardianship Order, Death Certificate etc.)

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

Werribee Mercy Hospital	**Mercy Hospital for Women, O'Connell Family Centre (OFC) Woi-wurrung-yagila- wulumperi, Whittlesea Early Parenting Centre (WEPC)**	**Mercy Mental Health Program**
Information Access Officer Health Information Services Werribee Mercy Hospital 300 Princes Highway Werribee Victoria 3030 Email: MercyFOI@mercy.com.au	Information Access Officer Health Information Services 163 Studley Road Heidelberg Victoria 3084 Email: MercyFOI@mercy.com.au	Administrative Officer / Freedom of Information Officer Mercy Mental Health 117-129 Warringa Cres Hoppers Crossing 3029 Phone: [03] 9928 7444 Fax: [03] 9928 7440 Email: MMHfoi@mercy.com.au

FOR FOI OFFICE USE ONLY
Type of ID provided:
ID sighted and verified by:
Date sighted and verified:
Additional comments: