

APPLICANT DETAILS

Mr/Mrs/Ms/Dr Surname Given names
(include previous name if applicable)

Date of Birth/...../..... Phone (H) (W) (M)

Address State Postcode

Are you applying for information about another person? (Circle your response) Yes No
If yes, please provide details of the other person:

Mr/Mrs/Ms/Dr Surname Given names
(include previous name if applicable)

Date of Birth/...../..... Your relationship to this person

If you are applying on behalf of someone else, you must provide identification (eg, birth/marriage/death certificate/s) clearly showing you are the closest relative to the subject of the application, in addition to personal identification. If you are not the closest relative, you must provide written authorisation from the closest relative permitting you to access the information. Authorisation forms are available by contacting us (see contact numbers overleaf).

DETAILS OF REQUEST

Describe clearly the documents you wish access to, including dates, location, subject matter or any other information that will help identify the documents you seek.

.....
.....
.....

REASON FOR REQUEST

Please outline the reason you wish to access these documents.

.....
.....
.....

FORM OF ACCESS (circle answer)

I wish to inspect the documents **Yes No**
I require a copy of the documents **Yes No**
I require access in another form **Yes No Specify form of document.....**

FEES AND CHARGES

I acknowledge that I must pay for the provision of the documents requested herein – an amount comprising an **administration fee of \$30, a photocopying fee of 50 cents per A4 black and white page and, if applicable, all courier and delivery costs.** All costs and charges are inclusive of GST.

I have attached a photocopy of my passport or driver's licence. **Yes**

Applicant's Signature **Date**

Hospital/Service use only

MRN Received on/...../..... at

Proof of Identity Type Photocopy attached/sighted

Acknowledgement sent on/...../.....

Name of officer Signature

Please mail or fax your completed application form to the relevant St John of God Health Care hospital or service. The contact details for our hospitals and services in Western Australia are listed below.

Please feel free to contact the relevant hospital or service by telephone if you have any questions regarding this form.

OUR HOSPITALS

St John of God Hospital Bunbury

Health Information Manager
PO Box 5006
Bunbury WA 6230
Tel: 08 9722 1600
Fax: 08 9722 1650

St John of God Hospital Geraldton

Health Information Manager
PO Box 132
Geraldton WA 6531
Tel: 08 9965 8888
Fax: 08 9964 2015

St John of God Hospital Murdoch

Senior Health Information Officer
100 Murdoch Drive
Murdoch WA 6150
Tel: 08 9366 1111
Fax: 08 9366 1162

St John of God Hospital Subiaco

Health Information Manager
PO Box 14
Subiaco WA 6904
Tel: 08 9382 6111
Fax: 08 9381 7180

OUR PATHOLOGY SERVICE

St John of God Pathology

Operations Manager
PO Box 646
Wembley WA 6913
Tel: 1300 367 674
Fax: 08 9389 7836

OUR SERVICES

Fremantle Counselling Centre

Health Information Manager
42 Henry Street
Fremantle WA 6160
Tel: 08 9282 5012
Fax: 08 9282 5015

Mamreh Counselling Centre

Health Information Manager
39 Jugan Street
Mt Hawthorn WA 6016
Tel: 08 9444 5045
Fax: 08 9242 4067

Raphael Centre Subiaco

Health Information Manager
PO Box 14
Subiaco WA 6904
Tel: 08 9382 6828
Fax: 08 9382 6823