

APPLICANT DETAILS

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

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

Address State Postcode

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**.....

I require an interpreter to accompany me to inspect the documents* **Yes** **No** **Language**

I require a translated copy of the documents* **Yes** **No** **Language**.....

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