

**WESTERN AUSTRALIA**

**Application to Access Your Health Record**

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

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**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 to inspect the documents            **Yes**    **No**
- 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 **certified** copy of my identification (see over for further information on certifying documents).

**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 .....

St John of God Health Care Inc.  
ARBN 051960 911 ABN 21 930 207 958  
(Limited Liability) Incorporated in  
Western Australia

## Identification Requirements

To ensure that we are releasing health information to the correct person (and protecting your confidentiality) we require **certified identification** from you. See below for a list of people who are authorised to certify documents.

The identification supplied in order to access your record can consist of **one** of the following **certified** primary photographic forms of identification:

- Driver's Licence (Australian)
- Passport (which has not been expired for more than two years)

If these forms of identification are not available then **two** of the following **certified** non-photographic forms of identification can be accepted:

- Australian Birth certificate
- Australian Tax Assessment Notice dated within the last 12 months that contains the name of the individual and his or her residential address
- A notice that was issued in the last 3 months by a local government or public utility bill, e.g. gas, electricity, water, rates and contains the applicants name and his or her residential address
- Drivers licence issued by a foreign government.

If you cannot provide the above forms of identification, please contact the Health Information Manager at the Hospital to discuss further.

## **Who can certify documents?**

**In Australia**, the following people are authorised to certify documents:

- **Health professions:** Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist.
- **Legal professions:** Legal practitioner, Patent attorney, Trademarks attorney
- **Court positions:** Bailiff, Justice of the Peace, Judge, Magistrate, Registrar, or Deputy Registrar, Clerk, Master of a court, CEO of a Commonwealth court
- Commissioner for Affidavits, or Commissioner for Declarations (dependent on jurisdictions)
- **Government representatives** (elected): Federal, State or Territory or Local
- **Public servants:** Federal, State or Territory or Local – employed for five years or more.
- Bank officer, building society officer, credit union officer, finance company officer – employed for five years or more
- Veterinary surgeon
- Accountant (member of ICA, ASA, NIA or CPA, ATMA, NTAA)
- Minister of religion, or marriage celebrant
- Chartered Secretaries Australia
- Engineers Australia, other than at the grade of student
- Australian Defence Force (an officer; or a non-commissioned officer with 5+ years of continuous service; a warrant officer)
- Australasian Institute of Mining and Metallurgy
- Notary public
- Holder of a statutory office not specified in another item in this Part
- Police officer
- Sheriff or Sheriff's officer
- Teacher (full-time) at a school or tertiary education institution

## WESTERN AUSTRALIA CONTACT DETAILS

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 in Western Australia are listed below.

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

## OUR HOSPITALS

### **St John of God Bunbury Hospital**

Health Information Manager  
PO Box 5007  
Bunbury WA 6230  
Tel: 08 9722 1600  
Fax: 08 9722 1650

### **St John of God Midland Public and Private Hospitals**

Consumer Liaison and Release of Information Officer  
PO Box 268, Midland WA 6936  
Tel: (08) 9462 4000  
Email: [mihealth.information@sjog.org.au](mailto:mihealth.information@sjog.org.au)

### **St John of God Subiaco Hospital**

Health Information Manager  
PO Box 14  
Subiaco WA 6904  
Tel: 08 9382 6111  
Fax: 08 9382 6103

### **St John of God Geraldton Hospital**

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

### **St John of God Mt Lawley Hospital**

Health Information Manager  
Thirlmere Road  
Mt Lawley WA 6050  
Tel: 08 9370 9222  
Fax: 08 9370 9488

### **St John of God Murdoch Hospital**

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