VICTORIA

Application for Access to your Health Record

•Next of Kin •Child under 14 Years of age

ST JOHN OF GOD Health Care

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 (e.g. birth/marriage/grant of probate) 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.

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 herein – an amount comprising an **administration fee of $31.30, a photocopying fee of 20 cents per A4 black and white page** and, **if applicable, all courier and delivery costs.** Please note that a **minimum charge of $31.30 applies to all requests** (GST will be added to all costs and charges). St John of God Health Care may waive fees in cases of financial hardship. If you hold an Australian pension or health care card, please provide a copy with this application.

*I may incur the cost of an interpreter or of translation services if I request these.

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 ..... (Division)

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

V1.2 May 2013

VICTORIA 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 Victoria 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 Ballarat Hospital
Health Information Manager
PO Box 20
Ballarat VIC 3353
Tel: 03 5320 2111
Fax: 03 5333 1682

St John of God Bendigo Hospital
Health Information Manager
PO Box 478
Bendigo VIC 3552
Tel: 03 5434 3206
Fax: 03 5434 3248

St John of God Berwick Hospital
Health Information Manager
PO Box 101
Berwick VIC 3806
Tel: 03 9707 1900
Fax: 03 9707 4135

St John of God Geelong Hospital
Health Information Manager
PO Box 1016
Geelong VIC 3220
Tel: 03 5226 8888
Fax: 03 5221 8807

St John of God Frankston Rehabilitation Hospital
Health Information Manager
255-265 Cranbourne Road
Frankston VIC 3199
Tel: 03 9788 3333
Fax: 03 8790 8747

St John of God Pinelodge Clinic
Health Information Manager
1480 Heatherton Road
Dandenong VIC 3175
Tel: 03 8793 9444
Fax: 03 5564 0699

St John of God Warrnambool Hospital
Health Information Manager
PO Box 316
Warrnambool VIC 3280
Tel: 03 5564 0600
Fax: 03 5564 0699

OUR PATHOLOGY SERVICE

St John of God Pathology
Operations Manager
235 Ryrie Street
Geelong VIC 3220
Tel: 1800 676 823
Fax: 03 5222 5691

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