



Application for release of information

SECTION 1 – DETAILS OF PATIENT

Given name(s)	Surname
Previous surname (if any)	Date of birth
Phone number	Email address
Address

Please note: if the patient is deceased, the applicant must provide evidence that they have been appointed the legally authorised representative of the patient, by providing a copy of the Will, Grant of Probate or Letters of Administration.

*Applications involving adoption should use the *Request for health records relating to adoption form*.

SECTION 2 – DETAILS OF PERSON REQUESTING ACCESS OTHER THAN PATIENT (If patient, continue to section 3)

Given name(s)	Surname
Date of birth	Phone number
Address	Email address

What is your relationship to the patient?

- Executor**
Attach Grant of Probate, Will or Letters of Administration (in the case of two executors, both must provide consent)
- Guardian or Administrator**
Attach Order e.g. custodial, parental
- Medical Enduring Power of Attorney**
Attach Power of Attorney
- Medical Treatment Decision Maker**
Attach Appointment of Medical Treatment Decision Maker
- Parent**
Attach proof of guardianship/parental responsibility – applicant must include copies of any court orders or parental orders in place for this child
- Other relationship**
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Please note: All supporting documents must be a certified copy of the specified proof of your capacity to make this request on behalf of the patient.

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

SECTION 3 – DETAILS OF DOCUMENTS

DETAILS OF REQUEST

Describe clearly the documents that you are requesting access to. Include dates, hospital, subject matter or any other information that will help identify the documents you seek.

In the interests of providing you with a faster turnaround time and reducing the cost and scope, please consider if you need the entire health record. If your request is specific to certain times and dates, we encourage that you apply only for the relevant information.

E.g. specific dates, full health record, nursing, medical, mental health, progress notes, referrals, care plans, theatre, discharge summary, medication charts, consents, test results, other.

REASON FOR REQUEST

Please outline the reason you wish to access these documents.

FORM OF ACCESS REQUIRED

- I require a photocopy of the documents.
- I require an encrypted copy of the documents to be emailed.
- I wish to inspect the documents onsite with supervision.

If an interpreter or translator is required, this must be arranged by the requestor

Timeframe: Once your completed application has been received by the hospital, your application will be processed within 30 days (WA applications) or 45 days (VIC/NSW applications).

SECTION 4 – ACKNOWLEDGEMENT

I acknowledge that there is no application fee for making a request for access however I may be charged administration, photocopying, and other reasonable associated fees to provide access to the requested information. I will be sent an invoice outlining total costs which must be paid before information will be released.

Print Name **Date**

Signature **Email**

APPLICATION CHECKLIST

- All relevant sections of the form have been completed.
- A certified copy of your identification has been attached (for valid forms of ID please see the [AusCheck website](#)).
- A certified copy of proof of your capacity to make this request on the patient's behalf has been attached (only applicable if applying for access to another patients health record).

Incomplete applications, or those submitted without identification are unable to be processed.

St John of God Social Outreach: SO.Quality@sjog.org.au

Requests relating to adoptions: GS.ROI.Adoptions@sjog.org.au

St John of God Ballarat Hospital: BAMedical.Records@sjog.org.au

St John of God Bendigo Hospital: Bendigo.HIS@sjog.org.au

St John of God Berwick Hospital: Berwick.Medicolegal@sjog.org.au

St John of God Bunbury Hospital: Bunbury.FOI@sjog.org.au

St John of God Burwood Hospital: Marina.Jordan@sjog.org.au

St John of God Frankston Rehabilitation Hospital: Berwick.Medicolegal@sjog.org.au

St John of God Geelong Hospital: GL.HIS@sjog.org.au

St John of God Geraldton Hospital: GT-Medicalrecords@sjog.org.au

St John of God Langmore Centre: Berwick.Medicolegal@sjog.org.au

St John of God Midland Public and Private Hospitals: MI.ROI@sjog.org.au

St John of God Mt Lawley Hospital: MT.privacy@sjog.org.au

St John of God Murdoch Hospital: muroi@sjog.org.au

St John of God Richmond Hospital: Richmond.MedicalRecords@sjog.org.au

St John of God Subiaco Hospital: Subiaco.Records@sjog.org.au

St John of God Warrnambool Hospital: WB.HISAdmin@sjog.org.au