ST JOHN OF GOD Health Care

WESTERN AUSTRALIA

Application to Amend Health Records

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 on behalf of 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/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 Information to be Amended

Please give details of the information you wish to be amended - include title, date and author of the document/s if possible.
……
……

Reason for Amendment

This information is (circle response): **Inaccurate** **Incomplete** **Out of Date** **Misleading**

Please describe why you believe the information is inaccurate/incomplete/out of date/ misleading.
……
……

Form of Amendment

Type of amendment requested (circle response): **Alteration** **Insertion** **Insert a file note**

Please describe the changes you require. You may attach additional information to this form.
……
……

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 ……..

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

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 5006
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

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

OUR PATHOLOGY SERVICE

St John of God Pathology
Operations Manager
PO Box 646
Wembley WA 6913
Tel: 1300 367 674
Fax: 08 9389 7836

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