

Application to amend health records

SECTION 1 – DETAILS OF PATIENT

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

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
.....
	Relationship to patient

Please note: If you are applying on behalf of someone else, you must provide identification clearly showing you are authorised to make a request on the patient’s behalf (legal guardian), in addition to personal photo identification.

SECTION 3 – 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:

- 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- Out of date**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Please describe why you believe the information is inaccurate/incomplete/out of date/misleading.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:

- Alteration**
- Insertion**
- Insert a file note**

Please describe the changes you are requesting.

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).

ACKNOWLEDGEMENT

I acknowledge that there is no fee for making an application to amend records or for the amendment to be made however I may be charged other reasonable associated fees which will be discussed with me as necessary.

Print name **Date**

Signature **Date**

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

APPLICATION CHECKLIST

(Tick response)

- 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 that you are the closest relative to the patient or authorisation by the closest relative (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

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

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

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