

Request for health records relating to adoption

ABOUT THIS FORM

An eligible person can use this form to apply for access to a health record relating to an adoption.

St John of God Health Care will undertake all reasonable efforts to locate health records relating to an adoption. In the event an applicant is advised that no relevant records can be located, St John of God Health Care will make all reasonable efforts to explain why a record cannot be located, including details of when and how records were destroyed if possible.

St John of God Health Care will waive all fees associated with applications for health records relating to adoptions.

SECTION 1 – APPLICANT DETAILS

Surname

Given name(s)

.....
Date of birth

.....
Phone number

.....
Email

.....
Address

.....
Suburb

.....
State

.....
Postcode

If you have previously made an application to St John of God Health Care for health records relating to an adoption, please provide the details below:

If your contact details change at any time after you submit your application, please notify us at GS.ROI.Adoptions@sjog.org.au

SECTION 2 – ADOPTION DETAILS

I am (tick which is appropriate):

- An adopted person**
- A birth parent**
- An adult child of an adopted person**
- A birth relative of an adopted person**

Please complete details known to you about the adoption:

Name of adopted person at birth (prior to the adoption)	Date of birth of the adopted person
.....
Hospital of birth of the adopted person	Adoptive name
.....
Birth mother’s given name at the time of birth	Birth mother’s surname at the time of birth
.....
Birth mother’s date of birth	Birth father’s name
.....

Please provide any additional information you feel may be relevant to assist with your request. If there is insufficient space, please attach additional documentation to support your application.

SECTION 3 – CONSENT

Please be advised:

1. If you are a **patient** and would like to access **your own** health record, please complete **Option A** below only.
2. If you are the **biological child** of the patient and would like to access the **records of your birth mother** AND your birth mother is alive AND your birth mother has provided you with **written consent** to access their health record, please complete **Option B** below only.
3. If you are the **biological child** of the patient and would like to access the **records of your birth mother** AND your birth mother is now deceased AND you have the **written consent** of your birth mother's next of kin to access the health record, please complete **Option C** below only.
4. If you are the **biological child** of the patient and would like to access your birth mother's health record AND you do not have either your birth mother's written consent (where your birth mother is alive) **OR** you do not have the written consent of your birth mother's next of kin (where your birth mother is deceased), please complete **Option D** below only.

For further information, or if your circumstances do not reflect the options on this form please contact GS.ROI.Adoptions@sjog.org.au

OPTION A – PATIENT ACCESSING OWN HEALTH RECORD

A - I am the patient and would like to access my own records of antenatal care/birth of my adopted baby

Applicant signature **Date**

Please attach a certified copy of your photo ID along with this application form

OR

OPTION B – BIOLOGICAL CHILD ACCESSING MOTHER'S HEALTH RECORD WITH MOTHER'S WRITTEN CONSENT

B - I have the signed consent of the patient (birth mother) to access their record.

Applicant signature **Date**

Please attach a certified copy of your photo ID, signees ID, pre and post adoption certificates and copy of signed written consent along with this application form

OR

OPTION C – BIOLOGICAL CHILD ACCESSING MOTHER’S HEALTH RECORD AND MOTHER IS NOW DECEASED BUT WRITTEN CONSENT FROM NEXT OF KIN HAS BEEN OBTAINED

C - The patient (birth mother) is deceased – I have the signed consent of the senior next of kin to access the patient record.

Applicant signature **Date**

Please attach a certified copy of your photo ID, signees ID, pre and post adoption birth certificates, copy of signed written consent from next of kin and death certificate of birth mother along with this application form.

OR

OPTION D – BIOLOGICAL CHILD ACCESSING MOTHER’S HEALTH RECORD BUT NO CONSENT

D - I am unable to provide consent for access to the patient’s (birth mother’s) record and I am willing to receive a redacted copy of the health record with only information about me as a baby viewable.

Applicant signature **Date**

Please attached a certified copy of your photo ID and pre and post adoption birth certificates along with this application form

SECTION 4 – CHECKLIST

Please provide the documentation listed below – otherwise, we will be unable to proceed with your application. If there is anything missing or your application is incomplete, we will let you know.

- 1. I have completed Section 1: Applicant Details and provided my current contact details.
- 2. I have completed Section 2: Adoption Details, providing information known to me about the adoption and the information I am seeking.
- 3. I have completed Section 3: Consent and included the required signatures.
- 4. I have provided a certified copy of current identification showing my signature (for valid forms of ID please see the [AusCheck website](#)).
- 5. I have provided copies of all relevant signed written consent forms (where appropriate).

SECTION 5 - PRIVACY COLLECTION NOTICE

In order for St John of God Health Care to respond to requests for access to health records relating to adoptions, it reasonably requires applicants to provide their personal information.

All personal information you provide in this form will be treated in accordance with the principles set out in the *Privacy Act 1988 (Cth)*, *Health Records Act 2001 (Vic)*, *Health Records and Information Privacy Act 2002 (NSW)*, *State Records Act 2000 (WA)*, *Health Services Act 2016 (WA)* and St John of God Health Care's Privacy Policy. You may request access to the information St John of God Health Care holds about you in relation to this form, and you may request its correction if necessary. You are not obliged to provide any of the personal information requested on this form, although a failure to provide the necessary information may impact St John of God Health Care's ability to search and locate any relevant health records.

Please email us at GS.ROI.Adoptions@sjog.org.au if you:

- have any questions about how your information is handled
- would like a copy of our linked [Privacy Policy](#)
- would like to access information we hold about you as part of this application process.

If you prefer, our postage address is:

Group Services Release of Information
Shared HIS Centre
St John of God Health Care
PO Box 5753
St George's Terrace
PERTH WA 6831

SECTION 6 - DECLARATION

I certify that I have read and understand the statement below:

I understand that this application and information I provide will be collected, stored, used, disclosed and retained securely in accordance with the *Privacy Act 1988 (Cth)*, relevant state health record legislation and St John of God Health Care's Privacy Policy. I acknowledge that I have read the collection notice above and understand there may be limited circumstances where St John of God Health Care needs to share my personal information with external parties and organisations to seek or release any information relating to my enquiry. I confirm that I have read St John of God Health Care's Privacy Policy, and that I can contact St John of God Health Care if I require further information or if I wish to change or withdraw my consent at any time.

Your signature **Today's date**

Submitting your application

Fill in, print, sign and scan this form and return it with scanned copies of any required documents by email to GS.ROI.Adoptions@sjog.org.au