



Government of **Western Australia**  
**South Metropolitan Health Service**  
**Fiona Stanley Fremantle Hospitals Group**

Freedom of Information Application Form  
Fiona Stanley Fremantle Hospitals Group (FSFHG)

*Freedom of Information Act 1992 (WA)*

**Details of applicant**

**Surname:** \_\_\_\_\_ **Given name:** \_\_\_\_\_ **DOB:** / /

Organisation (if applicable): \_\_\_\_\_

**Australian postal address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Proof of Identity document attached (mandatory)**

Please note: if applying for access to another person's documents, you must have the written consent of the patient prior to release of records. No release will occur without signed consent from the patient.

**Details of patient (if applicable)**

As above – no further details required

Patient is Deceased

- I am the closest living relative of the deceased patient
- Death Certificate of the patient is attached (mandatory)
- \$30 application fee has been provided (payment methods overleaf)

Patient is a child under the age of 16 years

- I am applying as the primary guardian of the child

Other (patient consent is required, see below)

**Surname:** \_\_\_\_\_ **Given name:** \_\_\_\_\_ **DOB:** / /

**Patient consent (if applicable)**

I, \_\_\_\_\_ consent to the release of my personal information to

the applicant \_\_\_\_\_ Sign: \_\_\_\_\_ Date: / /

**Request details**

I am applying for access to (please tick):

Personal Documents

- Personal documents do not incur an application fee; this means that all third party information is removed, including staff names

Non-Personal Documents

- Non-Personal documents incur a fee under FOI legislation (\$30); this means that third party information is retained however consent from the third parties will be sought.

I am seeking documents from: \_\_\_\_\_ Hospital/Health Service

Medical Record Number (if known): \_\_\_\_\_

### Documents required

Please describe the documents you are requesting; Include dates, locations, subject matter or any other information rather than entire files. Your reason for access (*optional*) may assist us. For example, if you are applying for NDIS you would ask for relevant documents such as your Hospital Discharge Summaries, Correspondence and Operation Reports.

### Method of collection

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Collect in person | <input type="checkbox"/> Receive on CD via Australia Post | <input type="checkbox"/> Receive via Encrypted Email Transfer |
|--|---|---|

**Standard post is used. No responsibility is taken for safe delivery once dispatched.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Once your application has been received by our office, we are required by legislation to provide the requested information within 45 calendar days. Your application will be processed as soon as practicable.

If you are dissatisfied with the access provided you have the right to seek an Internal Review of the FOI Decision process. Requests for an Internal Review must be made in writing within 30 days of receiving the FOI Decision Letter.

Payment by cheque or money order	Payment by direct bank transfer
Cheque or money order payments are to be made out to:  Freedom of Information Office (ABN No. is 13993250709)	South Metro Health Service Operating BSB: 066-040 Account number: 13303411 Bank: Commonwealth Bank Australia Description: patient's surname _FOI Please forward a copy of the remittance advice to: <a href="mailto:FSFHG.FOI@health.wa.gov.au">FSFHG.FOI@health.wa.gov.au</a>
Payment by cash	Payment by credit card transaction
Payment of the \$30 application fee can be accepted at our offices within Fremantle & Fiona Stanley Hospitals between 8am and 4pm weekdays.  Please note that change cannot be provided so correct monies are essential.	Please contact FSHFG FOI on 6152 1057 with the following information: <ul style="list-style-type: none"> <li>Patient name for the FOI request</li> <li>Name on the credit card</li> <li>Card number &amp; expiry date</li> </ul> Please forward a copy of the remittance advice to: <a href="mailto:FSFHG.FOI@health.wa.gov.au">FSFHG.FOI@health.wa.gov.au</a>
Fiona Stanley Fremantle Hospitals Group	
<b>Post</b>	FOI Coordinator - Fiona Stanley Fremantle Hospitals Group Locked Bag 100, PALMYRA DC WA 6961
<b>Hand Delivered</b>	Freedom of Information Office, Fiona Stanley Hospital Administration Building, Barry Marshall Parade, MURDOCH 6150
<b>Email</b>	<a href="mailto:fsfhg.foi@health.wa.gov.au">fsfhg.foi@health.wa.gov.au</a>
<b>Enquiries</b>	08 6152 1057 8.00 am to 4.00 pm Weekdays
<b>Website</b>	Fiona Stanley Hospital: <a href="https://www.fsh.health.wa.gov.au">https://www.fsh.health.wa.gov.au</a> Fremantle Hospital: <a href="https://www.fhhs.health.wa.gov.au">https://www.fhhs.health.wa.gov.au</a>