



Mercy Health

Care first

ABN 74 762 230 429

FREEDOM OF INFORMATION ACCESS REQUEST FORM

PLEASE NOTE: All applicants must be accompanied by a copied form of identification, e.g. Driver's licence or passport and the Freedom of Information Application Fee of \$22.70. The fee may be waived if you can provide a copy of a current health care or pension card.

SECTION 1 – Hospital Records

I require hospital records from the following Mercy Health site:

☐ Mercy Hospital for Women

☐ Werribee Mercy Hospital

☐ O'Connell Family Centre

SECTION 2 – Patient Details (Please Print)

Surname: _____ Given Name: _____ DOB: ____/____/____

Current Address: _____ Postcode: _____

Email: _____

Phone: Home: _____ Work: _____ Mobile: _____

SECTION 3 – Requestor Details Please supply your contact details if you are not the client to whom the request relates.

Surname: _____ Given Name: _____ DOB: ____/____/____

Current Address: _____ Postcode: _____

Email: _____

Phone: Home: _____ Work: _____ Mobile: _____

What is your relationship to the client to whom the request relates? _____

Refer to Next of Kin (NOK) Hierarchy in the attached Freedom of Information and You Fact sheet.

In the instance where the patient is deceased; are you the patient's Next of Kin?

☐ Yes

☐ No

In the instance where the patient cannot make an informed decision about him/herself:

Are you the Medical Power of Attorney/Legal Guardian?

☐ Yes

☐ No

If No to any of the above;

have you attached the patient's written authority permitting you to access his/her record?

☐ Yes

☐ No

NB: You may not access someone else's medical record without the patient's or next of kin's consent, as per NOK hierarchy.

SECTION 4 – Information Required

Please specify which information you require from the requested medical record.

☐ Copy of complete medical record

OR

☐ Emergency Department Medical/Nursing Notes dated: ____/____/____

☐ Admission dated: ____/____/____ Ward Name: _____

☐ Outpatient notes dated: ____/____/____

☐ Correspondence dated: ____/____/____

☐ Pathology/Radiology results dated: ____/____/____

☐ Obstetric notes dated: ____/____/____

☐ Time of Birth request

☐ Other: _____

☐ I do not require a copy but wish to view the record under supervision instead. I realise fees and charges still apply.

Please contact me to arrange a suitable date and time.

Please refer to the attached FOI fact sheet for further details about your request

SECTION 5 – Declaration

I understand that my request will not become valid until payment of the \$22.70 application fee has been made or I have attached a copy of a valid concession card. Where this request related to a third party, I understand that the application is not considered valid until the application fee or equivalent and the patient's written authority have been attached. I also understand that in addition to the application fee, further photocopying charges may apply in respect to the application and that the Freedom of Information Office has up to 45 days to respond to this request.

Signature: _____ Date: ____/____/____