# Application for Access to Health Information & Freedom of Information

**Details of Applicant (Please print)**

Family Name: .................................................. Given Names: ..................................................

Postal Address: ............................................................................................................................................

Suburb: .................................................. Postcode: ..............................................................

Phone (hm): .................................................. Mobile: ..............................................................

Date of Birth: .................................................. Hospital Number (if known): .............................................

**Are you applying for information about another person?** □ Yes □ No

If you answered Yes, please give details of the other person:

Family Name: .................................................. Given Names: ..................................................

Date of Birth: .................................................. Hospital Number (if known): .............................................

Relationship to patient: .................................................................................................................................

*If you are applying on behalf of someone else, you must provide documentation which clearly shows that you are the closest relative to the subject of the application eg. Birth certificate, marriage certificate, death certificate or a copy of family court orders. If you are not the closest relative, you must provide written authorisation from the closest relative permitting you to access the information.*

*Please note that requests may take up to 45 days to process.* Also if you are requesting documents which are non-personal, this will incur a $30 fee and associated charges.

**Details of Request**

Please advise which documents you are specifically requesting giving as much detail as possible ie: admission date, discharge summary, specific test results, outpatient clinic dates.

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In order to assist us with your application, please advise what you require this information for.

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Please return this form with a copy of **CERTIFIED photo identification (see reverse)** to:

**By Email:**
[foi.kemh@health.wa.gov.au](mailto:foi.kemh@health.wa.gov.au)

**By Fax:**
9388 1780

**By Mail:**
Freedom of Information
King Edward Memorial Hospital
PO Box 134
SUBIACO WA 6904

Signature: .................................................. Date: ..................................................
Certified Photo Identification

Why does King Edward Memorial Hospital ask for a certified copy of photo identification?

The Freedom of Information Office receives a large number of health information requests each year for access to personal documents, and needs to make a decision about releasing the documents to the applicant. Providing a certified copy of photo identification (such as a driver’s licence or passport) with the information request, assists the office to verify that the applicant is the person who they claim to be.

What is a certified copy of photo identification?

A certified copy is a photocopy that has been verified to be a true copy by an approved witness (see next section). The person certifying the photocopy must sight the original document and make sure that the photo is of the same person. The person who certifies the identification must do the following:

- Stamp or write ‘This is a true copy of the document sighted by me’.
- Write the date and their signature.
- Include their contact details (name, address and telephone number).
- Use their official stamp or seal of their organisation or write their profession and organisation name.

Who can certify a copy of my photo identification?

There are many people who can certify photo identification, including the following:

- A pharmacist.
- A principal of a primary school, high school or secondary college.
- A member of the police force.
- A justice of the peace or a bail justice.
- A registered medical practitioner.

What if I don’t have any photo identification?

If you do not have any photo identification, please provide certified copies of two other documents that show your identity, such as your birth certificate, Medicare card, pension card, or an official letter that is addressed to you which shows your current address. If you are unable to provide these documents, please contact the Freedom of Information Office on 6458 1312.