

Government of Western Australia North Metropolitan Health Service Women and Newborn Health Service

Enquiries to:
Freedom of Information
King Edward Memorial Hospital
PO Box 134
SUBIACO WA 6904
Telephone: (08) 6458 1312
Fax: (08) 9388 1780
foi.kemh@health.wa.gov.au

Application for Access to Health Information & Freedom of Information

Details of Applicant (Please print)	
Family Name: G	iven Names:
Postal Address:	
Suburb:P	
Phone (hm): M	
Date of Birth: Medical Record Number (if known):	
If you answered Yes, please give details of the other person:	
Family Name:	Given Names:
Date of Birth: Medica	l Record 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 e.g. 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.	
In order to assist us with your application, please advise what you require this information for.	
Please return this form with a copy of your current photo identification e.g.	
Driver's Licence, Passport etc. to:	
By Email: foi.kemh@health.wa.gov.au	By Mail: Freedom of Information King Edward Memorial Hospital
By Fax: 9388 1780	PO Box 134 SUBIACO WA 6904

Signature: Date:

INFORMATION FOR APPLICANTS

Application Form

- You will need to provide sufficient information to enable the correct documents to be identified
- Have an Australian address where documents can be sent
- Provide proof of identification
- If you are seeking documents on behalf of another person, you will need to provide authorisation in writing
- Applications for access to documents via Freedom of Information will be processed within 45 days of receipt of a completed application
- Applications suitable for release via Administrative Release will be processed with 21 days
- Applications for amendment to documents will be processed within 30 days

Fees and Charges

There are no fees and charges for personal information. If you are applying for access to your own information, or you act on behalf of your client, you are not required to pay a fee.

Non-personal access applications incur a mandatory application fee of \$30 which must be paid simultaneously with the non-personal access application. Addition charges may be imposed:-

Time spent dealing with the application
 Photocopying costs
 Postage and handling
 \$30 per hour
 20c per page
 cost price

In certain cases, applicants may be eligible for a reduction in fees and charges. If you are unsure if your application is personal or non-personal please contact the FOI Department on (08) 6458 1312.

Amendment to Personal Information

If you have received personal documents and you consider the information to be out of date, incomplete, inaccurate or misleading you have the right to request an amendment of information. An application must be in writing and must provide details, or if necessary documentation, to support your claim. Your application must also indicate how you wish an amendment to be made. Please note information on a public record cannot be deleted without written certification from the Information Commissioner, in accordance with S48 of the FOI Act.

Review Rights

You have the right to ask for an Internal Review if you are not satisfied with any decision made by the Freedom of Information Coordinator. Your request must be made in writing within 30 days of your receipt of the Hospital's decision.

Proof of Identity

As per S29 of the FOI Act, the agency has to take reasonable steps to satisfy itself of the identity of the applicant. As such, please return the completed signed form, with a copy of your current **photo identification.**