Application for Access to Information
Freedom of Information Act, 1992 S12, Western Australia

Please read the Information for Applicants (on reverse side) before you complete this form.

Details of Applicant (please print)

Surname:__________________________  Given Names:__________________________

Australian Postal Address:____________________________________________________
________________________________________________________________________

Post Code:___________

Date of Birth:_____/_____/_____

Phone:________________  Mobile:______________

Are you applying for information about another person?  □ Yes  □ No
If you are applying on behalf of someone else, you must provide original written consent signed by that person, in addition to proof of identification of both parties. If the information relates to a deceased person, access will be granted to the person’s closest relative who is 18 years or older. Proof of this relationship is required.

Please give details of the other person:

Surname:__________________________  Given Names:__________________________

Australian Postal Address:____________________________________________________
________________________________________________________________________

Post Code:______________

Date of Birth:_____/_____/_____

Your relationship to this person:_________________

Details of Request
Please describe the documents requested in as much detail as possible. Include admission dates and the location of the hospital /clinic/service if appropriate.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Identification
For your application to be processed, please attach a copy of your current identification. For example, a copy of a valid Driver’s licence or birth certificate.

Method for Collection
You will be contacted to collect your record from the front reception of the Hospital. You will be required to show current photo identification. In the event you are unable to collect the record personally, please contact the Freedom of Information Officer to make alternative arrangements.

Signature of Applicant:__________________________  Date: _____/_____/_____
Information for Applicants

Application Form

- You will need to provide sufficient information to enable the correct document(s) to be identified.
- Applications for access to documents will be processed within 45 days of receipt of completed application.
- Applications for amendment to documents will be processed within 30 days and internal review applications will be processed within 15 days. You will receive a letter notifying you that your application is being processed and the date your application will be processed by.

Forms of Access

You can ask to access information by:
- inspection of documents
- a copy of the documents
- a transcript of any other encoded form
- a copy of audio or video tape
- a computer disc
- a transcript of words recorded in shorthand
- a transcript of a recorded document
- a compact disc for copies of x-rays

Fees and Charges

Requests for personal information, for example information in your own medical record incur no charges to access information or request an amendment on an internal review.

Requests for non-personal information will incur an application fee of $30.00. Additional charges for non-personal information are: time spent dealing with the application at $30.00 per hour; photocopying costs at 20 cents per page; and postage and handling at cost price. In certain cases, applicants may be eligible for a reduction in fees and charges. Contact the Freedom of Information Officer for further information.

For non-personal applications only
- I have enclosed a cheque/cash/money order to the amount of $30.00 to cover the application fee.
- I am requesting a reduction in fees.

Amendment of Personal Information

If you have received personal documents and you consider information to be out of date, incomplete, inaccurate or misleading, you have the right under the Freedom of Information Act to request an amendment of the information. An application must be in writing (or on a form available from the Freedom of Information Office) 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 (i.e. any alteration, insertion, file note, deletion). Information on a public record cannot be deleted without written certification from the Information Commissioner, in accordance with S48 of the Freedom of Information Act, 1992.

Review

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

Lodgement of Application Form

Post to: Freedom of Information Officer
Osborne Park Hospital
Osborne Place
STIRLING WA 6021

In person to: Freedom of Information Officer
Osborne Park Hospital
Osborne Place
STIRLING WA 6021

By fax: 08 9346 8171

Further information can be obtained by telephoning the Freedom of Information Office on 08 9346 8054.