Joondalup Health Campus
Part of Ramsay Health Care

APPLICATION FOR ACCESS TO DOCUMENTS

Details of Applicant/Patient (Certified ID must accompany application form)

First name:		Surname:			
Postal address:					
Suburb:					
Postcode:		Date of birth:		MN: (Office use only)	
☎ (M):		☎ (W/H):		🖳 (e):	

If request is being made on behalf of the patient

Current written consent must be obtained from the patient to obtain medical records on behalf of the patient (for all patients 15 years and older).
Consent attached: ❐ YES ❐ NO

Patients name:		Patients Surname:	
Date of birth:		MN: (Office use only)	

What is your relationship to the subject of the requested information?

❑ Parent – No custodial/parenting orders applicable to child (including pending orders)	❑ Spouse or De Facto
❑ Parent – Shared parenting, Parenting Order, Custodial Order*	❑ Enduring Power of Attorney, Exercising EPA, Guardianship Orders, Will etc*
❑ Guardian*	❑ Intimate personal relationship with subject
❑ Relative (>18 years & member of subject's household)	❑Other (please specify) ________________
❑ Nominated by the subject to be contacted in an emergency.	❑ Child or sibling (>18 years of age)

*If your relationship is subject to any legal document (for example Parenting Orders, Guardianship Orders, Enduring Power of Attorney, Will etc.), please provide a full certified copy of the most recent document.

Reason for application to access documents

Request Details

❐I wish to obtain the Entire Health Record	❐ I wish to inspect the document(s)
❐ Other (please provide details):	❐ I wish to obtain Specific Dates: ________________

Release of Information

❐ Records be sent via registered mail to the nominated address when ready
❐ I will collect the documents from Health Information Services when ready.
❐ Records to be collected by nominated person. ID to be provided by nominee at time of collection. Name of nominee: ________________
Please note: Records are to be collected within 3 working days of notification or they will be disposed of.

What to include with your application form

2 forms of identification (a photocopy of your drivers licence, passport, Medicare card, pension card, bank card etc.) <u>certified</u> as a true copy of the original. Certification of identification for this purpose can be done at no charge by the FOI officer at JHC when submitting this application.

Fees, charges and signature

If the application exceeds 100 pages, I acknowledge that there may be an administrative charge involved in processing my request. I will be provided with an estimate of the administrative charge which is to be paid prior to gaining access to the requested information.

Applicants Signature:		Date:	

How to submit the application form

Applications may be submitted in person at Joondalup Health Campus at Health Information Services between 9.00am and 5.00pm (Mon – Fri). Applications may also be faxed (with certified ID) to (08) 9400 9064 or emailed to Privacy.JHC@ramsayhealth.com.au Alternatively post to: Privacy Officer, PO Box 242, Joondalup WA 6919