

WESTERN AUSTRALIA

Next of Kin - Application for Access to Health Records

APPLICANT DETAILS

Mr/Mrs/Ms/Dr Surname Given names
(include previous name if applicable)

Date of Birth:/...../..... Phone (H) (W) (M).....

Address State Postcode

Are you applying for information about another person? (Circle your response) Yes No
If yes, please provide details of the other person:

Mr/Mrs/Ms/Dr..... Surname Given names
(Include previous name if applicable)
Date of Birth/...../..... Your relationship to this person

Please Note: If you are applying on behalf of someone else, you must provide **certified** identification (eg, birth/marriage/death certificate/s) clearly showing you are the closest relative to the subject of the application, in addition to personal identification. If you are not the closest relative, you must provide written authorisation from the closest relative permitting you to access the information. Authorisation forms are available by contacting us (see contact numbers overleaf).

DETAILS OF REQUEST

Describe clearly the documents you request access to, including dates, location, subject matter or any other information that will help identify the documents you seek.

REASON FOR REQUEST

Please outline the reason you wish to access these documents.

FORM OF ACCESS (circle answer)

| | | |
|-----------------------------------|------------|---|
| I wish to inspect the documents | Yes | No |
| I require a copy of the documents | Yes | No |
| I require access in another form | Yes | No (specify form of document)..... |

FEES AND CHARGES

I acknowledge that I must pay for the provision of the documents requested herein – an amount comprising an **administration fee of \$30**, a **photocopying fee of 50 cents per A4 black and white page** and, **if applicable, all courier and delivery costs**. All costs and charges are inclusive of GST.

I have attached a **certified** copy of my identification (see over for further information on certifying documents).

Yes

Applicant's Signature **Date**

Hospital/Service use only

MRN Received on/...../..... at

Proof of Identity Type Photocopy attached/sighted

Acknowledgement sent on /..... /.....

Name of officer Signature

St John of God Health Care Inc.
ARBN 051960 911 ABN 21 930 207 958
(Limited Liability) Incorporated in
Western Australia

Identification Requirements

To ensure that we are releasing health information to the correct person (and protecting your confidentiality) we require **certified identification** from you. See below for a list of people who are authorised to certify documents.

The identification supplied in order to access your record can consist of **one** of the following **certified** primary photographic forms of identification:

- Driver's Licence (Australian)
- Passport (which has not been expired for more than two years)

If these forms of identification are not available then **two** of the following **certified** non-photographic forms of identification can be accepted:

- Australian Birth certificate
- Australian Tax Assessment Notice dated within the last 12 months that contains the name of the individual and his or her residential address
- A notice that was issued in the last 3 months by a local government or public utility bill, e.g. gas, electricity, water, rates and contains the applicants name and his or her residential address
- Drivers licence issued by a foreign government.

If you cannot provide the above forms of identification, please contact the Health Information Manager at the Hospital to discuss further.

Who can certify documents?

In Australia, the following people are authorised to certify documents:

- **Health professions:** Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist.
- **Legal professions:** Legal practitioner, Patent attorney, Trademarks attorney
- **Court positions:** Bailiff, Justice of the Peace, Judge, Magistrate, Registrar, or Deputy Registrar, Clerk, Master of a court, CEO of a Commonwealth court
- Commissioner for Affidavits, or Commissioner for Declarations (dependent on jurisdictions)
- **Government representatives** (elected): Federal, State or Territory or Local
- **Public servants:** Federal, State or Territory or Local – employed for five years or more.
- Bank officer, building society officer, credit union officer, finance company officer – employed for five years or more
- Veterinary surgeon
- Accountant (member of ICA, ASA, NIA or CPA, ATMA, NTAA)
- Minister of religion, or marriage celebrant
- Chartered Secretaries Australia
- Engineers Australia, other than at the grade of student
- Australian Defence Force (an officer; or a non-commissioned officer with 5+ years of continuous service; a warrant officer)
- Australasian Institute of Mining and Metallurgy
- Notary public
- Holder of a statutory office not specified in another item in this Part
- Police officer
- Sheriff or Sheriff's officer
- Teacher (full-time) at a school or tertiary education institution

WESTERN AUSTRALIA CONTACT DETAILS

Please mail or fax your completed application form to the relevant St John of God Health Care hospital or service. The contact details for our hospitals in Western Australia are listed below.

Please feel free to contact the relevant hospital by telephone if you have any questions regarding this form.

OUR HOSPITALS

St John of God Bunbury Hospital

Health Information Manager
PO Box 5006
Bunbury WA 6230
Tel: 08 9722 1600
Fax: 08 9722 1650

St John of God Geraldton Hospital

Health Information Manager
PO Box 132
Geraldton WA 6531
Tel: 08 9965 8888
Fax: 08 9964 2015

St John of God Midland Public and Private Hospitals

Consumer Liaison and Release of Information Officer
PO Box 268, Midland WA 6936
Tel: (08) 9462 4000
Email: mihealth.information@sjog.org.au

St John of God Mt Lawley Hospital

Health Information Manager
Thirlmere Road
Mt Lawley WA 6050
Tel: 08 9370 9222
Fax: 08 9370 9488

St John of God Subiaco Hospital

Health Information Manager
PO Box 14
Subiaco WA 6904
Tel: 08 9382 6111
Fax: 08 9382 6103

St John of God Murdoch Hospital

Senior Health Information Officer
100 Murdoch Drive
Murdoch WA 6150
Tel: 08 9366 1111
Fax: 08 9366 1162

OUR PATHOLOGY SERVICE

St John of God Pathology

Operations Manager
PO Box 646
Wembley WA 6913
Tel: 1300 367 674
Fax: 08 9389 7836