VICTORIA

ST JOHN OF GOD Health Care

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.*

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)……
I require an interpreter to accompany me to inspect the documents	**Yes**	**No**
I require a translated copy of the documents	**Yes**	**No**

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

ST JOHN OF GOD Health Care

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

ST JOHN OF GOD
Health Care

VICTORIA CONTACT DETAILS

Please mail or fax your completed application form to the Health Information Manager at the relevant St John of God Health Care hospital or service. For up to date contact details please check our website: https://sjog.org.au/about-us/contact-us/hospitals

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

OUR HOSPITALS

St John of God Ballarat Hospital
Health Information Manager
PO Box 20
Ballarat VIC 3353
Tel: 03 5320 2111
Fax: 03 5333 1682

St John of God Bendigo Hospital
Health Information Manager
PO Box 478
Bendigo VIC 3552
Tel: (03) 5434 3434
Fax: (03) 5434 3455

St John of God Berwick Hospital
Health Information Manager
PO Box 101
Berwick VIC 3806
Tel: (03) 8784 5035
Fax: (03) 8784 5011
Berwick.Medicolegal@sjog.org.au

St John of God Frankston Rehabilitation Hospital
Health Information Manager
255-265 Cranbourne Road
Frankston VIC 3199
Tel: (03) 9788 3333

St John of God Geelong Hospital
Health Information Manager
PO Box 1016
Geelong VIC 3220
Tel: 03 5226 8888
Fax: 03 5221 8807
gl.his@sjog.org.au

St John of God Pinelodge Clinic
Health Information Manager
1480 Heatherton Road
Dandenong VIC 3175
Tel: (03) 8793 9444
Fax: (03) 8793 9440

St John of God Warrnambool Hospital
Health Information Manager
PO Box 316
Warrnambool VIC 3280
Tel: 03 5564 0600
Fax: (03) 5564 0699

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