



Freedom of Information Application Form
 Rockingham Peel Group - Rockingham General Hospital
 Freedom of Information Act 1992 (WA)

Details of Applicant

Surname:	Given Names:	DOB: ____/____/____
Organisation (If applicable):		
Australian postal address:		
Mobile Number:	Preferred Contact Number:	
Email address: (Please print clearly) _____		
<input type="checkbox"/> Proof of Identity document attached (mandatory) – Any two of the following - <input type="checkbox"/> Driver’s license, Passport, Birth Certificate, Medicare Card		

Please note: if applying for access to another person’s documents, you must have the written consent of the patient prior to release of records. No release will occur without signed consent from the patient. If patient is 16 or under, this does not apply. Guardianship applies.

Details of Patient (if applicable)

<input type="checkbox"/> As above – no further details required <input type="checkbox"/> Patient is Deceased <ul style="list-style-type: none"> <input type="radio"/> I am the closest living relative of the deceased patient <input type="radio"/> Death Certificate of the patient is attached (mandatory) <input type="radio"/> \$30 application fee has been provided (payment methods overleaf) <input type="checkbox"/> Patient is a child under the age of 16 years <ul style="list-style-type: none"> <input type="radio"/> I am applying as the <u>primary</u> guardian of the child <input type="checkbox"/> Other (patient consent is required, see below)

Surname: _____	Given name: _____	DOB: ____/____/____
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Patient consent (if applicable)

I, _____ consent to the release of my personal information to the applicant _____

Patient’s Signature: _____ Date: ____/____/____

Request details

I am applying for access to (please tick):

- Personal Documents**
 - Personal documents do not incur an application fee; this means that all third-party information is removed, including staff names
- Amendment to my records (see overleaf for details to insert)**
- Non-Personal Documents**
 - Non-Personal documents incur a fee under FOI legislation (\$30) plus additional ongoing processing cost; this means that third party information is retained however consent from the third parties will be sought and access can be denied.

Patient’s Medical Record Number (if known): _____

Details of Request

Please describe the documents you are requesting or that you require amending; Include dates, locations, subject matter, or any other information rather than entire files. Your reason for access (optional) may assist us. For example, if you are applying for NDIS, you would ask for relevant documents such as your Hospital Discharge Summaries, Clinic Letters and Assessments.

<input type="checkbox"/> Collect in person	<input type="checkbox"/> Registered Australia Post	<input type="checkbox"/> Receive via Encrypted Email Transfer
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Signature of Applicant: _____ **Date:** ____/____/____

Once your application has been received by our office, we are required by legislation to provide the requested information within 45 calendar days. Your application will be processed as soon as practicable. If you are dissatisfied with the access provided you have the right to seek an Internal Review of the FOI Decision process. Requests for an Internal Review must be made in writing within 30 days of receiving the FOI Decision Letter.

Payment by cheque or money order	Payment by direct bank transfer
Cheque or money order payments are to be made out to: Rockingham Peel Group (ABN No. is 92 264 056 442)	South Metro Health Service Operating BSB: 066-040 Account number: 13303411 Bank: Commonwealth Bank Australia Description: patient's surname - RGH FOI Please forward a copy of the remittance advice to: rgf.foi@health.wa.gov.au
Payment by cash	Payment by credit card transaction
Payment of the \$30 application fee can be accepted at cashier's office located on site. Business hours vary. Please call the office on (08) 9599 4962 to ensure the office will be open. Please note that change cannot be provided so correct monies are essential.	Please contact the Cashier's office on direct line (08) 9599 4962 with the following information: <ul style="list-style-type: none"> Patient name for the FOI request Name on the credit card Card number & expiry date Please forward a copy of the remittance advice to: rgf.foi@health.wa.gov.au

Rockingham Peel Group	
Post	FOI Coordinator - Rockingham Peel Group - Education Safety Quality and Risk Unit - PO Box 2033 Rockingham WA 6968
Hand Delivered	Freedom of Information office – via Rockingham General Hospital reception desk – 39 Elanora Drive Coo loongup WA 6168
Email	rgf.foi@health.wa.gov.au
Enquiries	(08) 9599 4632 or (08) 9599 4323 - 8am to 4.00 pm Weekdays
Website	www.rkpg.health.wa.gov.au