

## Freedom of Information Medical Records Amendment Application Form

### SECTION A: PATIENT DETAILS

Title(Mr/s/Ms/Mx/Dr)----- Surname (Family Name): -----

Given Name(s):----- Date of Birth-----

Hospital UR No: (If Known)----- Residential Address:-----

----- Postcode:-----

Contact Phone No: Home:-----Work :----- Mobile: -----

Email: -----

### SECTION B: APPLICANT DETAILS

***Please complete this section if you are applying for access to information relating to another person***

Surname (Family Name):-----Title (Mr/s/Ms/Mx/Dr)-----

Given Name (s):----- Address:-----

----- Postcode:-----

Contact Phone No: Home:-----Work :----- Mobile: -----

Email:-----

Relationship to Patient:-----

Do you have the patient's authority to access his/her medical records?

Yes (Please attach authority\*)                       No

***\*If the Freedom of Information application is for the medical records belonging to a patient who is not the Applicant, the Application must be accompanied by evidence that the Applicant has the authority to access the medical records. For example, written consent from the patient, or if the application is made for a deceased's medical records, identification which clearly shows you are the senior next of kin (e.g., Death certificate and birth certificate) or a copy of the Will if you are the Executor of the estate***

Signature-----Date -----/-----/-----

(Applicant/Patient Signature)

**SECTION C: SITE(S) ATTENDED**

- |  |   |
|--|---|
| <input type="checkbox"/> Sunshine Hospital (including Joan Kirner Women's and Children's)  | <input type="checkbox"/> Grant Lodge Residential Aged Care  |
| <input type="checkbox"/> Williamstown Hospital   | <input type="checkbox"/> Bacchus Marsh Hospital   |
| <input type="checkbox"/> Footscray Hospital  | <input type="checkbox"/> Bacchus Marsh Community Health Centre  |
| <input type="checkbox"/> Sunbury Day Hospital  | <input type="checkbox"/> Caroline Springs Community Health Centre   |
| <input type="checkbox"/> Hazeldean Transition Care in Williamstown   | <input type="checkbox"/> Melton Health  |
| <input type="checkbox"/> Mental Health – Adult (includes services operated as Mid-West Area Mental Health Services prior to 1 July 2023) | <input type="checkbox"/> Melton Health & Community Services   |
|  | <input type="checkbox"/> Mental Health- Aged/Older Adults (includes the Aged Persons Mental Health Unit and the Special Dementia Care Unit) |

**SECTION D: Details of the Amendment**

The document/s described below contain/s information that is:

- Incomplete   
  Incorrect/Inaccurate   
  Out of date   
  Misleading

List the documents here-----  
 -----  
 -----  
 -----

Describe what information requires changing and why-----  
 -----  
 -----  
 -----  
 -----

**Attached:** (please tick)

- Copies of relevant medical record documents that have been clearly marked  
  
 Copies of other documentation that supports your claim

## SECTION E: APPLICATION CHECKLIST

- I have completed the FOI Application Form; and
- I have included Photo Identification (current drivers' licence and/or passport); and
- I have included relevant authority from the patient authorising me to access the information or other relevant legal authority (if relevant).

### Return your Application To:

By email: [foi@wh.org.au](mailto:foi@wh.org.au)

By MAIL:

Freedom of Information (FOI)

Western Health

Locked Bag 2

Footscray VIC, 3012

Contact us Tel: (03) 8345 6352

### What's Next?

We will confirm receipt of your application by email and begin to process your request. You will be advised of our decision in 30 days if no third-party consultation is required or if no extension is sought.

See our **FOI FAQ'S** for further information.