



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) _____

☐ **Proof of Identity document attached (mandatory)**

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)

☐ As above – no further details required

☐ Patient is Deceased

☐ I am the closest living relative of the deceased patient

☐ Death Certificate of the patient is attached (mandatory)

☐ \$30 application fee has been provided (refer to payment methods overleaf)

☐ Patient is a child under the age of 16 years

☐ I am applying as the primary guardian of the child

☐ Other (patient consent is required, see below)

Surname: _____ **Given name:** _____ **DOB:** ____/____/____

Patient's Address: _____

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 ☐ Amendment to my records (see overleaf for details to insert)

☐ Personal documents do not incur an application fee; this means that all third-party information is removed, including staff names

☐ 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.

I am seeking documents from _____ Hospital/Health Service

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, Correspondence and Operation Reports. -----

☐ Collect in person

☐ Receive on a CD via Australia Post

☐ Receive via Encrypted Email Transfer
please insert your email address below print clearly

Standard post only. No responsibility is taken for safe delivery once dispatched.

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 - 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 \$30 application fee can be accepted at our cashier's office located on site. Business hours vary. Please call the office on (08) 9599 4396 to check business opening hours prior to your visit. Please note that change cannot be provided so correct monies are essential.	Please contact the Cashier's office on direct line (08) 9599 4396 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 Cooloongup WA 6168
Email	rgf.foi@health.wa.gov.au
Enquiries	(08) 9599 4632 - 8am to 4.00 pm (Weekdays only)
Website	www.rkpg.health.wa.gov.au