



Mercy Health

UR No:

Family Name:

Given Name:

DOB:

Sex:

Address:
(if no UR)

COMPLETE ALL FIELDS OR ATTACH PATIENT LABEL

FREEDOM OF INFORMATION ACCESS REQUEST

PLEASE NOTE: The application will not be processed until we receive your personal identification and the mandatory application fee of \$31.80.

SECTION 1 – HOSPITAL RECORDS

I require hospital records from the following Mercy Health sites:

Mercy Hospital for Women

Werribee Mercy Hospital

Mercy Health O'Connell Family Centre

Mercy Mental Health Program

SECTION 2 – PATIENT DETAILS (PLEASE PRINT)

Surname:

Given name:

Date of birth:

Postal address:

Postcode:

Phone:

Mobile:

Email:

SECTION 3 – REQUESTER DETAILS

This section only needs to be completed if you are not the patient/client to whom the request relates

Surname:

Given name:

Date of birth:

Postal address:

Postcode:

Phone:

Mobile:

Email:

Relationship to the patient:

AUTHORITY FOR A REPRESENTATIVE TO ACT

Please provide additional supporting documentation:

1. Copy of representative's personal identification; and
2. Patient's written authorisation below; or
3. Relevant legal documents (e.g. Will, Probate, Medical Power of Attorney, Guardianship Order)

I, [name] _____ give permission and authorisation for my representative to act on my behalf and have access to any information requested.

Signature:

Date: ____ / ____ / ____



FMH052600

BINDING MARGIN – NO WRITING

In-House, V1, 07/23



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DECEASED PATIENT

In the instance where the patient is deceased, are you the patient's senior available next of Kin?

YES

NO

If the patient is deceased, please provide:

1. The written authorisation of the person's senior available next of kin;
2. Proof the senior available next of kin is over 18; and
3. A copy of the death certificate

SECTION 4 – DOCUMENTS REQUESTED

Please specify which documents you require from the medical record

Complete record

Partial record (specify below for eg. Dates of care)

Time of birth (complete details below)

Mother's First Name:

Mother's Last Name:

Mother's Date of birth:

Option:

I do not require a copy but wish to view the record under supervision. I realise fees and charges still apply. Please contact me to arrange a suitable date and time.

Reason for FOI Request:

FORMAT OF RELEASE

The preferred method of document release is via secure email transmission unless otherwise specified. Please refer to fee and payment options below.

FEES AND PAYMENT

Application fee:	\$31.80 Mandatory and non-refundable *If paying the application fee will cause you financial hardship, please provide a copy of signed concession or healthcare card.
Printing of medical records:	\$0.20 per page (black and white copies only)
Electronically via USB:	\$15 per USB plus postage
Radiology via CD:	\$25
Postage:	\$10 (per 500g)

Upon receipt of your request, we will contact you to arrange payment of the application fee either by credit card or by invoice. Please note credit card details and any photo identification are not held / stored by Mercy Health after processing the application for privacy and security reasons.

BINDING MARGIN – NO WRITING



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SECTION 5 - DECLARATION

I understand that my request will not become valid until payment of the application fee has been made or I have attached a copy of a valid concession card for a fee waiver. Where this request relates to a third party, I understand that the application is not considered valid until the application fee (or equivalent) and a written authority have been attached. I also understand, that in addition to the application fee, further charges [e.g. Photocopying, Viewing, CD, USB, Postage] may apply. I acknowledge that the Freedom of Information officer has up to 30 days to respond to this request from valid date and that:

- 1. The response time may be increased by 15 days without my consent if Mercy Hospitals Victoria Ltd is required to consult with third parties regarding my request; and
2. The response time may be extended by additional periods of 30 days with my consent.

Signature:

Date:

CHECKLIST FOR APPLICATION

- Completed FOI Application Form sent via email or by post to the address as shown below.
Photo ID [Drivers' License, Passport] sent with application form.
A copy of Pension / Healthcare Card to waive the application Fee.
A copy of any relevant legal documents (e.g. Will, Probate, Medical Power of Attorney, Guardianship Order, Death Certificate etc.)

Please complete and return to the hospital or health service at which you were treated:

Mercy Hospital for Women:
Freedom of Information Officer Health Information Services Mercy Hospital for Women
163 Studley Road
HEIDELBERG
VIC - 3084

Werribee Mercy Hospital:
Freedom of Information Officer Health Information Services Werribee Mercy Hospital
300 Princes Highway
WERRIBEE
VIC - 3030

Phone: [03] 8458 4169
Fax: [03] 8458 4128
Email: foi@mercy.com.au

Phone: [03] 8754 3623
Fax: [03] 8754 3601
Email: foiwmh@mercy.com.au

Mercy Mental Health Program:
Freedom of Information Officer
Mercy Mental health
P.O. Box 2083
FOOTSCRAY
VIC - 3011

O'Connell Family Centre:
Please contact FOI Officer at
Mercy Hospital for Women
163 Studley Road
HEIDELBERG
VIC - 3084

Phone: [03] 9928 7444
Fax: [03] 9928 7440
Email: MMHfoi@mercy.com.au

Phone: [03] 8458 4169
Fax: [03] 8458 4128
Email: foi@mercy.com.au

FOR FOI OFFICE USE ONLY

Type of ID provided:

ID sighted and verified by:

Date sighted and verified:

Additional comments:

BINDING MARGIN - NO WRITING

FREEDOM OF INFORMATION ACCESS REQUEST LEG 0010