





FMH052600

BINDING MARGIN – NO WRITING

In-House, V1, 07/23

 Mercy Health <i>Care first</i>	Mercy Health		UR No:	
			Family Name:	
FREEDOM OF INFORMATION ACCESS REQUEST			Given Name:	
			DOB:	Sex:
			Address: (if no UR)	
			COMPLETE ALL FIELDS OR ATTACH PATIENT LABEL	
PLEASE NOTE: The application will not be processed until we receive your personal identification and the mandatory application fee of \$33.60.				
SECTION 1 – HOSPITAL RECORDS				
I require hospital records from the following Mercy Health sites:				
<input type="checkbox"/> Mercy Hospital for Women		<input type="checkbox"/> Werribee Mercy Hospital		
<input type="checkbox"/> Mercy Health O'Connell Family Centre		<input type="checkbox"/> 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 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: ____/____/____	

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DECEASED PATIENT			
In the instance where the patient is deceased, are you the patient's senior available next of Kin?			
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>			
If the patient is deceased, please provide: <ol style="list-style-type: none"> 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			
<input type="checkbox"/> Please specify dates of care or parts of record required (we can help you decide exactly what you need).			
<input type="checkbox"/> OR - are you requesting <u>time of birth only</u> ? If so, please complete details below:			
Mother's First Name:			
Mother's Last Name:			
Mother's Date of birth:			
If you would like to view your record only, we can make arrangements for this. Please add a note here.			
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:	\$33.60 Mandatory and non-refundable *If paying the application fee will cause you financial hardship, please provide a copy of signed concession or healthcare card.		
Electronically via USB:	\$15 (must be collected - cannot be mailed)		
Postage:	TBA		
Upon receipt of your request, we will contact you to arrange payment of the application fee. Please note any identification documents are not held / stored by Mercy Health after processing the application.			

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SECTION 5 - DECLARATION				
<p>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 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:</p> <ol style="list-style-type: none">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; and2. The response time may be extended by additional periods of 30 days with my consent.				
Signature:			Date:	
CHECKLIST FOR APPLICATION				
<p><input type="checkbox"/> Completed FOI Application Form sent via email or by post to the address as shown below.</p> <p><input type="checkbox"/> Photo ID [Drivers' License, Passport] sent with application form.</p> <p><input type="checkbox"/> A copy of Pension / Healthcare Card to waive the application Fee.</p> <p><input type="checkbox"/> A copy of any relevant legal documents (e.g. Will, Probate, Medical Power of Attorney, Guardianship Order, Death Certificate etc.)</p> <p>Please complete and return to the hospital or health service at which you were treated:</p>				
Mercy Hospital for Women: Freedom of Information Officer Health Information Services Mercy Hospital for Women 163 Studley Road HEIDELBERG VIC 3084 Email: MercyFOI@mercy.com.au		Werribee Mercy Hospital: Information Access Officer Werribee Mercy Hospital 300 Princes Highway WERRIBEE VIC 3030 Email: MercyFOI@Mercy.com.au		
Mercy Mental Health Program: Freedom of Information Officer Mercy Mental health P.O. Box 2083 FOOTSCRAY VIC - 3011 Phone: [03] 9928 7444 Fax: [03] 9928 7440 Email: MMHfoi@mercy.com.au		O'Connell Family Centre: Please contact FOI Officer at Mercy Hospital for Women 163 Studley Road HEIDELBERG VIC 3084 Email: MercyFOI@mercy.com.au		
FOR FOI OFFICE USE ONLY				
Type of ID provided:				
ID sighted and verified by:				
Date sighted and verified:				
Additional comments:				

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