

## Freedom of Information Application to Access Birth Information

### SECTION A: APPLICANT DETAILS

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

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

Residential Address: -----

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

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

Email: -----

### SECTION B: Relationship of Applicant to Patient /Birth Mother

N/A -Self

#### NATURE OF RELATIONSHIP OF APPLICANT TO PATIENT/BIRTH MOTHER (Please tick one)

Child of patient/ birth Mother

Parent of child - Mother /Father

Spouse / De facto/partner of child

Other please specify.....

### SECTION C: PATIENT/ BIRTH MOTHER'S DETAILS

Patient / Birth Mother's Surname ----- Patient / Birth Mother's Given Names: -----

Patient / Birth Mother's Maiden Name-----

Other Names known as at the time of hospital presentation (if known and different from above):

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Patient /Birth Mother's Date of Birth: -----/-----/-----

Patient/ Birth Mother Presented To (Please Tick)

Footscray Hospital

Sunshine Hospital

Williamstown Hospital

Bacchus Marsh Hospital

Other please specify-----

## SECTION E: FEES AND CHARGES

Application Fee	<b>\$32.65 (non-refundable)</b>
Search Fee (if applicable)	<b>\$24.50 (per hour or part thereof)</b>
Retrieval Fee for archived hard-copy offsite records (if applicable)	<b>\$18.40</b>
Additional access charges	<b>See below (subject to choose of access by applicant and if access can be provided in that form)</b>
<b>All Sites</b>	<b>Cost</b>
<input type="checkbox"/> Electronic Copy of the record through electronic link	<b>No access charge (a search fee may still apply)</b>
<input type="checkbox"/> Registered Post	<b>\$11.00 (minimum)</b>
<input type="checkbox"/> Black and White A4 Photocopying	<b>\$0.20 per page</b>
<input type="checkbox"/> EMR/DMR Pages	<b>\$0.05 per page</b>
<input type="checkbox"/> USB	<b>\$30.00 \$15.00 for every additional USB (beyond the first USB)</b>
<input type="checkbox"/> Historical Records	<b>Subject to reasonable costs incurred by WH</b>

*I understand that an Application Fee must be paid with my application for it to be a valid request which is non-refundable under the Freedom of Information Act 1982 (Vic) (FOI Act).*

*I also understand that additional access charges may apply for processing the request under the FOI Act, and that I will be provided with an invoice along with the decision on my request.*

*I also understand that historical document requests may be refused if consultation on an extension of time and access charges is not completed within a reasonable time-frame.*

### **Concessional Information**

*If you have a current Healthcare/Pension Card, the application fee may be waived (access charges may still apply). Please ensure you attach to your request a copy of your pension or healthcare card.*

**Applicant's Signature:** ----- **Date:** -----

## SECTION G: PAYMENT OPTIONS

### EFT Payments to be made to:

Please include the following reference as the description when making the payment:

**FOI [Your surname and/or UR if known, without a reference we will not be able to identify your payment]**

Bank Details: NAB

Name: Western Health Operating Account

BSB: 083170

Account: 123660703

Email Remittance to: [foi@wh.org.au](mailto:foi@wh.org.au)

### Credit Card Payments:

Please call the western health finance department on (03) 8345 6915

## SECTION H: APPLICATION CHECKLIST

- I have completed the FOI Application Form; and
- I have paid the Application Fee (or included a copy of my concession card; 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.