

Request for Medical Records Relating to Adoption - FOI Application Form

Births involving adoption including historical forced adoption or removal

Western Health offers an unreserved apology to any children forcibly removed from their mothers and families at maternity hospitals that now form part of Western Health, and to their extended adopted and biological families. We acknowledge that multi-generations of families continue to live with the traumatic impacts, deep sense of loss and sustained feelings of grief and anger for removal of children in furtherance of health and welfare policies of the 1950 to 1970s that will never again be implemented by Western Health.

For parents and children who experienced firsthand the impact of historical forced adoption removal practices in our hospitals, we encourage you to contact us, so we can provide you with as much information as we can about the circumstances of the birth. All fees in relation to FOI requests for medical records relating to adoption made using this form will be waived.

Please note that we are not able to locate records for Bacchus Marsh Regional Hospital for the periods 1952-1956, 1958-1969, 1989-1992 and 1998-2000.

Section 1- Applicant's details

Surname: Given Names : Date of Birth:...../...../.....

Contact Number : Email:

Address:..... State Postcode

Section 2- Patient's Details (i.e birth mother, section to be completed if not the same person as applicant)

Birth Mother's Surname: Given Names: Date of Birth:...../...../.....

Section 3- Consent and required documents to attach (If you are both patient and applicant, please complete 3a only. If you are requesting the patient's records, please complete consent for either 3b, 3c or 3d and attach the requested documentation.)

3a ☐ I am the patient and would like to access my own records of antenatal care/my delivery.

Patient's Signature: Date :...../...../.....

Please attach a copy of your photo ID along with this application form.

OR

3b ☐ I am the biological child of the patient; I would like to access the records of my birth mother and I have the signed consent of the patient (birth parent) to access their record.

Patient's signature Date:/...../.....

Please attach a copy of your photo ID, signees ID, pre and post adoption birth certificates along with this application form.

OR

3c ☐ The birth mother is deceased – I have the signed consent of the deceased's next-of-kin to access the patient record.

Next of kin signature Date:/...../.....

Please attach a copy of your photo ID, signees ID, pre and post adoption birth certificates and death certificate of birth mother along with this application form.

OR

3d ☐ I am unable to provide consent for access to the patient's (birth parent's) record and I am willing to receive a redacted copy of the medical record with only information about me as a baby viewable.

Applicant's signature Date:/...../.....

Please attach a copy of your photo ID and pre and post adoption birth certificates along with this application form.

Please note- All fees will be waived under the Freedom of Information Act 1982 (Vic) (FOI Act) for valid applications relating to births involving adoption including historical forced adoption or removal.

If your circumstances are not reflected in the above options, or if you need more information - please contact our FOI department on (03) 8345 6352 or email us at foi@wh.org.au