

# Request for Medical Records Relating to Adoption - FOI Application Form

## *Births involving adoption including historical forced adoption or removal*

### **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](mailto:foi@wh.org.au)**