

**SOUTH WEST HEALTHCARE
FREEDOM OF INFORMATION ACCESS REQUEST FORM**

Please complete the following details and return form with:-

- ✧ Proof of Identification (e.g. photocopy of Driver's Licence or passport)
- ✧ Application Fee - \$30.10 If you are unable to pay the fee on a basis of hardship, please provide evidence which supports your claim (eg. Copy of a current Health Care Card).

ATTENTION TO: Freedom of Information Officer - South West Healthcare - Ryot Street, Warrnambool, 3280
✧ PH: 5563 1578 ✧ Fax: 5563 1463 ✧ Email: foi@swh.net.au

APPLICANT DETAILS

First Name: _____ Surname: _____
Date of Birth: _____ Previous Name (if applicable): _____
Address: _____ Suburb: _____
Telephone: _____ Postcode: _____ State: _____
Relationship to Patient: _____ Email Address: _____

PATIENT DETAILS (If different from above)

First Name: _____ Surname: _____
Date of Birth: _____ Previous Name (if applicable): _____
Address: _____ Suburb: _____
Telephone: _____ Postcode: _____ State: _____
Email Address: _____

I wish to obtain the following documents (please tick appropriate box):

- General Medical Record (includes Inpatient, Emergency Department and Outpatient records)**
Please specify dates/details: _____
- Mental Health Record (includes Inpatient and Outpatient records)**
Please specify dates/details: _____
- Centre Against Sexual Assault (CASA)**
Please specify dates/details: _____
- Dental Clinic**
Please specify dates/details: _____
- South West Medical Centre (GP Clinic)**
Please specify dates/details: _____

Reason for request: _____

I accept responsibility for payment of the application fee of \$30.10 plus an additional charge of 20 cents per copy obtained, plus postage. I understand that an additional charge may be levied if considerable time is involved in processing my request.

Signature: _____ Date: _____