

Government Information (Public Access) Act 2009 ACCESS APPLICATION

Medical Records / Health Information

Please complete this form to apply for formal access to government information under the *Government Information (Public Access) Act 2009 (GIPA Act)*. If you need help in filling out this form please contact the Clinical Information Department (at the facility) where your records are held. The contact details (including the address and phone numbers) can be found by clicking the “*Accessing Health Info*” link on our website at <http://www.swslhd.nsw.gov.au/>. ** indicates required information*

1. Your details

***First name:** ***Title:** Mr / Ms

***Last name:** **Date of Birth:**

***Address line 1:**

Address line 2:

State: **Postcode:**

Home phone: **Work phone:**

Mobile number: **Fax:**

Email:

Organisation:

***Type of applicant:** Patient / Former patient Staff Member / former staff member
Family member of patient / former patient Legal Representative

The questions below are optional and the information will only be used for the purposes of providing better service.

Place of birth: **Main language spoken:**

Aboriginal or Torres Strait Islander: Yes / No (circle one)

Do you have special needs for assistance with this application?

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2. Government information

Please describe the information you would like to access in enough detail to allow us to identify it.

****If you are applying for you medical / health records, please also indicate the SWSLHD hospitals / facilities that you have attended as well as the dates of your attendances.**

Note: If you do not give enough details about the information, the agency may refuse to process your application.

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..... (if you require more space, please attach additional pages)

Type of information you are seeking: Personal Other

If this request relates to the personal affairs of another person, please give their details below:

Surname: **Title:** Mr / Ms
Other names: **Date of Birth:**
Postal address: **Postcode:**
Day-time telephone: **Facsimile:**
Email:
Relationship to Applicant:

** Please note that this person must give their consent. As such, an original signed (and certified) authority by the person is required, as well as two forms of *their* certified identification.

3. Proof of Identity *only required when an applicant is requesting information on their own behalf*

When seeking access to personal information, an applicant must provide proof of identity in the form of **certified copies** of *two* of the following documents (one containing a photo and one with a signature):

- Australian driver's licence with photograph, signature and current address
- Current Australian passport An original birth certificate or certified extract of birth
- Certificate of Australian Citizenship

4. Application Fee

I attached payment of the **\$30 application fee** made out to **South Western Sydney Local District** (SWSLHD) by: cheque / money order (circle one).

Applicant's signature:

Date:

INFORMATION FOR APPLICANTS

- Please try to provide as much detail as you can to help us identify the documents you want.
- You will be contact within 5 working days after the application is received to notify you of the agency’s decision as to the validity of your application.

Please note: An application is a not valid access application if it is an application for excluded information of the agency, or does not comply with the formal requirements for access applications as per section 41 of the GIPA Act.

- Identification is required for all requests for personal information.

Please Note: In requests for medical records identification is required from both the patient and the applicant. In the event that the person is deceased, proof of relationship is required otherwise the applicant must have consent of the next of kin / executor. If you are the person’s legal guardian a copy of the guardianship order / relevant documentation is required.

- Your request will be dealt with as soon as possible and in any case within twenty working days after it is registered. However, if an agency is obliged to conduct third party consultations, section 54 of the GIPA Act provides for an additional 10 working days (up to a maximum of 15 working days) in which to process the application.
- If the documents you seek is more likely to be held by another Agency, your request will be transferred and you will be notified.

FEES AND CHARGES

Under the GIPA Act, the application fee is \$30.00 which, in a request for personal documents, covers 20 hours of processing. Processing charges for non-personal requests are \$30.00 per hour.

Processing charges (not including the application fee) *may* be reduced by 50% for people on low income, and where a public interest is demonstrated.

You may also be required to pay processing charges for this request and a statement will be given of any such charge, if appropriate.

Please send this form and the application fee attention to:

The Clinical Information Department in the facility where your records are held (i.e. the facility where you received treatment or care).

If you are requesting files that are held at numerous facilities across the Local Health District, please send your application to the **last** hospital / facility you attended. Please ensure you clearly indicate any other facility where your records may be held in Section 2, so those records can be requested.

The contact details for each facility (including the address and phone numbers) can be found by clicking the “*Accessing Health Info*” link on our website at <http://www.swslhd.nsw.gov.au/>.

General information about the GIPA Act is available by calling the Office of the Information Commissioner on freecall 1800 194 210 or at its website: www.oic.nsw.gov.au.

Office use only

Date application received:File reference:.....

Amount received: Receipt Number: