

# The Women's Time of Birth Application Form



## SECTION 1 - APPLICANT DETAILS

Surname: ..... Given Names: .....

Date of Birth: ...../...../..... Phone number: .....

Address: .....

Suburb: ..... State: ..... Postcode: .....

Email: .....

## SECTION 2 – RELATIONSHIP OF APPLICANT TO PATIENT/BIRTH MOTHER

N/A – Self (Please answer below ‘adoption’ question then go to Section 4)

Is this in relation to an adoption? YES / NO (please circle)

If YES, please attach your birth certificate with original name issued before you were adopted, Birth Certificate issued with your current name after your adoption and any other documentation you have obtained from DHHS

### **NATURE OF RELATIONSHIP OF APPLICANT TO PATIENT/BIRTH MOTHER (please tick one):**

Child of Patient/Birth Mother (over 18 years)  Parent of Child - Mother / Father (please circle)

Spouse / De facto / Partner of Child (please circle)  Other please specify:

.....

**Please note:** If you are applying for someone else’s information, please provide consent and photo ID from the patient and documentation which clearly shows that you are related to the patient e.g. Birth Certificate, Marriage Certificate, Adoption paperwork and/or Death Certificate in addition to your personal ID (Refer to page 2).

## SECTION 3 – 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): .....

Patient/Birth Mother’s Date of Birth: ...../...../.....

### **FORM OF ACCESS (please circle):**

I would like a digital copy of my Time of Birth Information to be sent by email (Access Fees apply)

I would like a printed copy of my Time of Birth Information to be sent by post (Access and Postage fees apply)

## SECTION 4 – DETAILS OF REQUEST

In order for us to make an informed decision regarding your request, please tell us why are you wanting to access your Time of Birth information e.g. personal use, family research, etc. (please specify):

.....  
.....

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## **SECTION 5 – AUTHORITY TO ACCESS INFORMATION:**

### **I, the applicant, acknowledge that:**

- My application will be processed in accordance with the Freedom of Information Act 1982 (VIC) and that I have provided valid authority
- Charges will apply under the *Freedom of Information Act 1982 (VIC)* to access Time of Birth details and need to be paid in full before my application is processed
- Total charges to access this information will be \$53.50 per application (which include the application and search fee) and I understand if I require a printed copy an additional cost will be incurred for postage
- I understand that fees will not be waived to access my Time of Birth information even if I possess a Healthcare/Concession card
- The information and documents that I provide will be used to process my request and will be handled in accordance with the Victorian Privacy Laws.
- RWH has 30 days to send my Time of Birth information from the date a valid request is received (extensions may apply)

Applicant signature ..... Date: ...../...../.....

### **REQUEST FOR MEDICAL RECORDS RELATING TO ANOTHER INDIVIDUAL**

- The individual must sign the below authorisation and you have to provide evidence that you have the authority to access this information on behalf of the individual. Any additional information can be provided in the space below
- If you are unable to obtain the proper consent from the individual, information that you receive may be redacted in accordance with the *Freedom of Information Act 1982 (Vic)*. To assist us in assessing your application and making an informed decision regarding the release of individual's time of birth information, please explain the purpose of your application in the 'additional information' field below and why you believe it is reasonable to release the records to you
- In relation to a deceased individual, access by the most senior available next of kin is not guaranteed. To assist us in assessing your application and making an informed decision regarding the release of a deceased individual's time of birth information, please explain the purpose of your application in the 'additional information' field below and why you believe it is reasonable to release the information to you

I, ..... Of .....  
(Individual or Next of Kin) (Address)

hereby authorise The Women's to release information about .....  
(Individual/Myself)  
to the applicant.

Individual/Next of Kin Signature ..... Date: ...../...../.....

Additional Information:  
.....  
.....  
.....  
.....

Supporting evidence provided (e.g. Death Certificate, Adoption Paperwork).....  
.....  
.....  
.....

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## CHECKLIST INFORMATION – Please ensure that the following is submitted

- Completed Time of Birth Application Form
- Completed payment slip
- Copy of Photo ID (e.g. Driver's licence, Passport, Key pass etc.)
- Copy of Birth Certificate
- If you have had a change of name, documentation to support this (e.g. Marriage Certificate, extract etc.)
- All Adoption paperwork (if applicable) including:
  - Birth Certificate with your birth mother's name and your original name issued before you were adopted
  - Birth Certificate issued with your current name after your adoption
  - Other documentation you have obtained from DHHS

## IF YOU ARE REQUESTING INFORMATION RELATING TO ANOTHER INDIVIDUAL, IN ADDITION TO THE ABOVE, PLEASE PROVIDE THE FOLLOWING:

- Completed and signed by the Individual (who is not the applicant) 'Request for medical records relating to another individual' section
- The Individual's Photo ID
- Documentation to prove relationship (e.g. Birth Certificate, Marriage Certificate, etc.)

**Please note:** We may need you to provide additional supporting documentation but will contact you if this is required

## ACCESS FEES AND CHARGES (effective from 1 July 2022)

Application Fee	\$30.60 (non-refundable)
Search Fee (per hour or part thereof)	\$22.94
<b>Time of Birth Delivery Options</b>	
Secure File Transfer via email (Mimecast)	Free of Charge
Postage (Registered within Australia)	\$ As per Aust. Post
International Postage (Registered)	\$ As per Aust. Post

## PAYMENT

- Cheque ('The Royal Women's Hospital')
  - Credit Card – Complete details below
  - Visa
  - MasterCard
- Time of Birth Application Fee Amount: **\$53.50**

Cardholder Name: \_\_\_\_\_

Card Number: 

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Exp. Date: ...../.....

Signature: \_\_\_\_\_

## Please return (post or email): application, supporting documentation and payment to

**Address:** Freedom of Information Department  
Health Information Services  
The Royal Women's Hospital  
Locked Bag 300  
Parkville VIC 3052

**Phone:** (+61 3) 8345 2610  
**Fax:** (+61 3) 8345 2642  
**Email:** [foi@thewomens.org.au](mailto:foi@thewomens.org.au)

**Office Hours:** Monday – Friday  
8:00am – 4:30pm

**Website:** [www.thewomens.org.au/patients-visitors/patient-record-requests](http://www.thewomens.org.au/patients-visitors/patient-record-requests)

The Women's is committed to protecting the privacy of your personal health and other information. To view the Women's privacy collection statement please visit [www.thewomens.org.au/patients-visitors/your-privacy](http://www.thewomens.org.au/patients-visitors/your-privacy)