

# Pelvic Procedure: Freedom of Information Application Form

## Request for access to medical records relating to pelvic mesh procedures

Under Section 13 of the Freedom of Information Act 1991

Please read the attached fact sheet – *Pelvic Procedure: Request for Access to Health Records* before completing and lodging your application.

Please complete this form in BLOCK LETTERS.

Hospital Details	
Name of hospital(s) where the pelvic procedure was undertaken:	
Details of Applicant	
Surname:	Former Surname: <i>(if applicable)</i>
Given Name(s):	
Date of Birth:	
Current Address: <i>(Your medical record will be forwarded to this address if no postal address provided)</i>	
Postal Address: <i>(If same as current address write 'As Above')</i>	
Email: <i>(optional)</i>	
Contact phone number(s):	
Copy of personal identification included <i>(i.e. Health Care Card, Passport, Driver's License)</i> <input type="checkbox"/>	
Fees and Charges	
All fees and charges related to this Freedom of Information request are waived.	
Details of documents being requested (Please ✓ appropriate box)	
<input type="checkbox"/> all inpatient medical records related to gynaecology care	
<input type="checkbox"/> all outpatient records related to gynaecology care	
<input type="checkbox"/> all discharge correspondence	
<input type="checkbox"/> all related pathology reports	
<input type="checkbox"/> all related medical imaging reports	
<input type="checkbox"/> other <i>(provide detail)</i>	
Form of Access	
By signing this form you confirm you are requesting a copy of the above specified documents.	
Applicant's Signature:	Dated: ..... / ..... / 20.....

## Notes on lodging this Freedom of Information application

Now that you have completed all of the information required in this application form; post or deliver it (along with any required documents (e.g. proof of identification) to the hospital that holds the documents you are seeking to access.

Alternatively, contact the Pelvic Mesh Consumer Support Line on 1800 66 MESH (1800 666 374) to discuss your application.

Please keep a copy of your application for your own reference.

Freedom of Information application and fee waiver approval	
The SA Health pelvic mesh delegate has approved this request for Freedom of Information, including a waiver of Freedom of Information fee and all associated charges as per approval from the SA Health Chief Executive Officer.	
Delegate Name and Designation:	
Delegate Signature:	Dated: ..... / ..... / 20.....

## OFFICE USE ONLY

Received on: ..... / ..... / .....

Forwarded to (*name of LHN*) ..... on: ..... / ..... / .....

Acknowledgment sent on: ..... / ..... / .....

Copy of records sent: ...../...../ .....

## For more information

**Pelvic Mesh Consumer Support Line**  
**C/- Continence Nursing Services, Family Clinics**  
**Women's & Children's Division**  
**Lyell McEwin Hospital**  
**Haydown Road**  
**Elizabeth Vale SA 5112**  
**Telephone: 1800 66 MESH (1800 666 374)**  
**Email: [Health.PelvicMeshSupportService@sa.gov.au](mailto:Health.PelvicMeshSupportService@sa.gov.au)**



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