

# HEALTH MATTERS



HEALTH CONSUMERS'  
COUNCIL  
YOUR VOICE ON HEALTH

Health Consumers' Council WA (Inc) Newsletter

Spring 2013

Presenting the new Health Consumers' Council logo...



HEALTH CONSUMERS'  
COUNCIL  
YOUR VOICE ON HEALTH

The new logo received a positive response from members at the recent AGM and heralds a new era for HCC.

Our new logo was launched at the AGM and represents the many different voices that make up the Health Consumers' Council. It replaces the 'shouting man' that has been the HCC logo since our inception 19 years ago.

The 'shouting man' no longer represented the true voice of the HCC. Our new logo marks the start of a revamp of branding and communication channels.

You may have read in a recent issue of eNews that we have updated our social media pages on Facebook and Twitter. Our online strategy has also extended to include a profile page on the networking site LinkedIn. This is in an effort to better engage with our members and those requiring our services.

Teleconferencing equipment will allow us to connect with regional health consumers face- to-face and build stronger relationships that can otherwise be difficult to maintain, this is due to be installed in our meeting room in the near future.

We acknowledge that not all our members have access to the internet, so Health Matters will continue to be a valuable resource and means of connecting with health consumers' and members. We hope you enjoy reading our latest issue.

**Lucy Carter**  
Health Matters Editor

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# MEET THE HCC TEAM

## Welcome

Since the last edition of Health Matters there have been many staff and Board management changes. We thank all the staff and Board members who have moved on from HCC and wish them all the best.

We also welcome new Board members Rasa Subramaniam, Cheryl Holland and Tricia Walters and new staff member Lucy Carter, it's great to have you all on board!

## HCC Board of Management

|                            |                    |
|----------------------------|--------------------|
| Nigel D'Cruz               | Chairperson        |
| Sally-Anne Scott           | Deputy Chairperson |
| Alan King                  | Treasurer          |
| Tony Addiscott             | Secretary          |
| Michelle Atkinson de-Garis | Member             |
| Phillip Gleeson            | Member             |
| Tom Benson                 | Member             |
| Elizabeth Kada             | Member             |
| Rasa Subramaniam           | Member             |
| Cheryl Holland             | Member             |
| Tricia Walters             | Member             |

## Staff

|              |   |
|--------------|---|
| Frank Prokop | Executive Director                            |
| Laura Elkin  | Aboriginal Advocacy<br>Program Manager        |
| Chrissy Ryan | Advocate                                      |
| Louise Ford  | Consumer Participation<br>Program Coordinator |
| Amy McGregor | Operations Manager                            |
| Lucy Carter  | Administration Assistant                      |



**Frank Prokop**  
**Executive Director**

# FORWARD

So much has happened in the last few months. Firstly, I was forced to take extended leave as I experienced health consumer issues from the other side of the bed, both in NSW and here in WA.

This meant that Mitch Messer stood down as Chair and took on the job of Executive Director in my absence. Mitch did a terrific job. When I stepped back into the role there was a relatively smooth transition as we share many of the same goals. Mitch's extensive experience was also invaluable in dealing with a number of issues. I am pleased to be able to report that Mitch returned to the Chair in time for a most successful Annual General Meeting and is now the new head of Clan WA, so we will continue to see and use Mitch's consumer perspective.

While Mitch was acting ED, Lorraine Powell became Chairperson of the Board. Lorraine brought her passion and enthusiasm to the job and ensured that things ran smoothly and on course. It is with some sadness that I report that both Mitch and Lorraine, along with Glenn Pearson were required to step down from the Board for constitutional reasons. While Lorraine and Glenn can seek a further term as Board members after a well earned sabbatical, Mitch joins Anne McKenzie as completing a lifetime commitment of nine years on the HCC Board, a feat well worthy of special recognition.

At the AGM, Professor Bryant Stokes, Acting Director General for Health, gave us an insight into coming issues for the health sector. He also had the honour of unveiling the new logo. After 19 years, it was time to freshen up the logo presentation and Lorraine Powell found a web site that enabled us to use, at low cost, experts from around the world. I am very pleased to report that the reception from the members and our partner organisations has been extremely positive. This new logo presents a variety of perspectives to different people while clearly promoting that we are the Voice of Health Consumers.

Recently, Laura Elkin celebrated 7 years with the HCC in her role as Aboriginal Advocacy Program Manager. This is an excellent achievement and I am constantly pleasantly surprised at Laura's breadth of knowledge and contacts, not just in Aboriginal health, but health related issues throughout Western Australia.

I am pleased to report that we have all settled in to our new offices and commend Operations Manager Amy McGregor for making the transition as smooth as it was.

It is with sadness that we learned of the passing of long-serving employee Rosemary Caithness. I thank past ED Michele Kosky for her moving tribute in this issue.

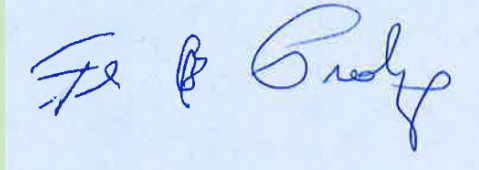
I would like to remind everyone to attend the Christmas Morning Tea and to nominate a person who has performed special actions that have benefited health consumers for an HCC award. It is an event to give something back to the volunteers and supporters of the organisation who put in many hours to help improve our health care system. (Please see pg.17 for details)

With the increasing demands on everyone's time, the efforts of volunteers, Board members and especially the executive of the organisation is invaluable and the only way that we can continue to make progress.

One of the more exciting initiatives is a 2030 Health and Wellness strategy that is being developed by the Department of Health. It is exciting because it clearly outlines the improved involvement of consumers and carers in health decision making at the policy, planning and bed levels and views wellness as a key component in people's health.

There is no doubt that health care professionals care and value input from consumers, but the adoption pathways have been too variable and there are plenty of opportunities for innovation and inclusion. On our side, we have to also recognise that there are responsibilities for individual, family and community behaviours to ensure that our interactions with the health system are as short and positive as they can be. It is when we all work together towards common goals that real change can happen, and we need you and your collective wisdom to help us be effective and outcome focussed.

Merry Christmas and a HEALTHY 2014 to you all!



Fe B O'Keefe

# OBJECTIVITY & COMMUNICATION

Relationships between consumers and practitioners may become strained for a multitude of reasons.

**Pieter  
Di Marco**

**Past Senior  
Advocate**

A common reason for relationships to become strained is communication failures in health care settings. It is something we see often in our advocacy work at the Council. The second most common type of issues identified in advocacy cases from the last year related to 'Interpersonal Issues' (144 complaints). A failure of communication can be a complex and difficult matter. It is rarely as simple as a misunderstood detail, and can rarely be resolved without bipartisan effort. This difficulty is intrinsic in the subjective nature of communication itself. Individuals often bring their biases and interpretations without necessarily being aware of it.

Communication is an act that requires active listening, articulation, and patience from everyone involved. In a medical setting, it is an act that is subject to further pressure. The patient is often unwell and usually apprehensive, whilst on the other hand the practitioner must simultaneously balance discussion with observation, assessment, and possible treatment options. Though practitioners assist patients regularly and most interactions are successful, it is not surprising that communication issues arise. Furthermore, a patient in a situation of distress could hardly be blamed for not absorbing information or feeling vulnerable to shifts in attitude.

In our capacity as advocates, our role can often be one of assisting the consumer articulate their main concerns and facilitating dialogue to achieve desired outcomes. This requires a consideration and awareness of the intricate nature of interpersonal communication. Whilst we endeavour to convey our client's needs and help explain the situation on their behalf, we also need to be vigilant. Our approach requires sensitivity to the complex nature of the issue and a degree of objectivity, so as to not exacerbate existing difficulties, and jeopardise the consumers' need of achieving productive answers and discussion with their practitioner or provider. We often find that we need to listen deeply to clinicians, as well as our clients. We aim to grasp and research a patient's scenario, so we are able to interpret a situation from many angles and help both parties become aware of what barriers might exist in their communication.

A common example is when a patient feels a practitioner is being disrespectful or judgemental and refusing to listen to their concerns. In such a situation, we might articulate our clients concerns to the practitioner, but also make sure to ask for the clinician's point of view on the matter. Further, we would obtain as much background information from the client and clinician as they feel comfortable disclosing, as well as information about the particular clinical services they're utilising as is appropriate.

This approach allows us not to claim an absolute objectivity, but rather assist people to further reflect on their subjective experiences of communication. It is important in our advocacy work to take this step as firstly – we do not have statutory powers of investigation, secondly – communication is complex and often misinterpreted on both sides, and thirdly – it helps us avoid exacerbating issues. The outcomes consumers most often desire are not an antagonistic relationship with a practitioner or provider but rather an acknowledgment of their point of view, and a rectification in future management. Acknowledging both sides have their point of view is a good starting point to achieving this outcome, and a good launch pad from which to more energetically advocate a consumer's point of view.

**Thank you**

Pieter Di Marco finished his time at HCC on October 16th 2013 and thanks the Board, staff and members for their help and support.

# NATIONAL ABORIGINAL & TORRES STRAIT ISLANDER HEALTH PLAN

**Laura Elkin**

**Aboriginal  
Advocacy Program  
Manager**

## **Fast Facts: Life Expectancy**

Life expectancy in Australia for people born in 2003-05: Males 78.5 years and Females 83.3 years.

The gap in life expectancy between Indigenous and non-Indigenous Australians is estimated by the ABS to be around 9.7 to 11.5 years. (Dept Health and Ageing)

This year has seen the launch of a new National Aboriginal and Torres Strait Islander Health Plan 2013-2123. The plan provides a framework for health planning to close the gap in life expectancy between Aboriginal & Torres Strait Islander people and other Australians:

The vision of the plan is that the Australian health system is free of racism and inequality and all Aboriginal & Torres Strait Islander people have access to health services which are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.

The plan is based on principles of health equality and has a human rights approach. It recognises the importance of Aboriginal and Torres Strait Islander community control. It also recognises the need for genuine partnering with Aboriginal & Torres Strait Islander communities organisations and health services, and accountability in measuring progress.

Over 140 written submissions were made in developing the plan. Key issues included the need for a comprehensive approach to primary health that considers social determinants of health, community development, advocacy, and health inequalities. They also highlighted the negative health impacts of racism; the importance of mental health, social and emotional well-being; the need for more Aboriginal and Torres Strait Islander people working in the health system; and the need for cultural competence in all health service delivery.

The plan acknowledges the importance and centrality of culture in achieving health and wellness, and also recognises the impact that colonisation and racism has had and is still being experienced today, including intergenerational trauma.

The plan highlights the need to work across governments and sectors to ensure we achieve equality of life expectancy, health and well-being for Aboriginal and Torres Strait Islander people in this generation.

**To view the plan: [www.health.gov.au/natsihp](http://www.health.gov.au/natsihp)**

# TRIBUTE TO ROSEMARY CAITHNESS

## 1945– 2013

**Rosemary Caithness was Office Manager at Health Consumers Council WA  
from 2001 - 2012**



Dear Rosemary,

It is with a heavy heart that I write this tribute on the occasion of your death. If you are in heaven where you deserve to be, perhaps an angel will show you this. We all miss you so much and the news of your death at Sir Charles Gairdner on 20<sup>th</sup> Sept was shattering for all of us.

Really this is a letter of thanks for your spirit, kindness, generosity and energy over so many years at HCC. We remember your capacity for hard work, grace under pressure, your sunny nature that lit up the workplace and your attention to detail. All those Community Forums where you had so thoughtfully purchased gifts for the speakers, wrapped them beautifully usually in front of television the night before, and written in your distinguished elegant handwriting a few words of thanks. Who will forget the white table cloths and lemons for decorations for our community events and the flowers and design of the HCC Christmas party for so many years. Thank you for being so rigorous in your financial management that we “passed” our audits with flying colours. You kept us financially sound over many years, your budgeting was

exceptional. It was that forensic eye for detail that kept the little ship of HCC in safe waters for so many years.

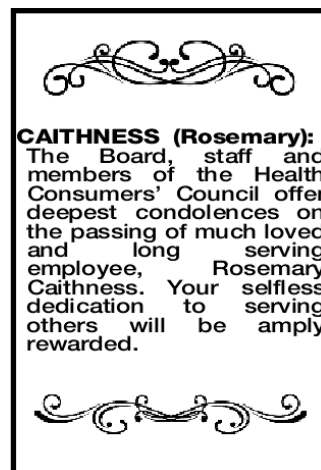
We recognise your great sadness at the loss of your beloved John and your pride and love for Angus your much loved son and wish him well in the days to come.

You were a wonderful colleague, a precious friend and committed to the values of liberty, responsibility and mutual respect. We honour you Rosemary for the work you did, and the kindness you demonstrated without fear or favour. Health Consumers Council WA is a living testament to your hard work and commitment to improve the lives of people in the health system.

In conclusion Rosemary, you were the wind beneath my wings as the song goes and may your spirit continue to guide all those that had the good fortune to know you.

**Michele Kosky**

**Past Executive Director**



# DIVERSITY DIALOGUES

**Louise  
Ford**

**Consumer  
Participation  
Program  
Coordinator**

The Diversity Dialogues Forum was held for health professionals at the HCC on the 25<sup>th</sup> September. With the awareness that there is a need for engagement between the health sector and new and emerging community members/ Culturally and Linguistically Diverse (CALD) communities.

The 'Panel' consisted of four people, themselves from diverse cultural and linguistic backgrounds, who also work with people from new and emerging and CALD communities. These were Safi Mutambala (Ruah), Stan Chirenda (Ruah), Joansy Pegrum (Migrant Services Centre) and Sheikh Mohammed (Imam at the Mirrabooka Mosque), thank you for your valuable input. Thanks should also be extended to Kenasi Kegasi, who is an elder of the Congolese community.



The event was well attended by 32 people from a range of health professional backgrounds, organisations and departments and engagement was lively and informative.

Whilst there are many areas to be explored and discussed regarding aspects of health care for these communities, the forum took on its own theme and issues around interpreting became the focus.



Some of the areas of difficulty identified were:

- Language – e.g. variations in language can lead to misinterpretations i.e. there are several versions of Swahili



## **Fast Facts: Mental Health Services for CALD Communities**

- People from a culturally and linguistically diverse (CALD) background have a significantly lower level of access to mental health care and support in the wider community.
- This results in much greater responsibility being placed on family members without adequate support or education.
- The government funds a range of mental health services for people from CALD backgrounds.  
The government has also delivered the nation's largest single investment in mental health spending in the 2011-12 budget and this will provide significant benefits to all Australians, including those from culturally and linguistically diverse backgrounds.

(Australian Government, Department of Health)

- In WA Karen (Burma/Myanmar) language interpreters are not available
- Sometimes explanation rather than interpretation is needed e.g. a language may not contain a direct interpretation of a particular word (like 'dementia')
- Having an interpreter explain sensitive health issues sometimes makes the patient feel uneasy and awkward
- There is little or no incentive for interpreters to specialise or to view interpreting as a career; their employment is sporadic, casual and not highly paid.

Several suggestions to re address these issues were made, including:

- Health professionals going out to communities to talk about healthcare
- WA needs to offer more frequent training sessions (as done in other states) to interpreters to address current issues faced in healthcare systems re language barriers
- Improve career paths for interpreters to maintain dedicated and professional interpreter services
- Health care providers to be aware of the need to build rapport with patients from diverse cultural and linguistic backgrounds
- Establish, as far as possible, the language of the patient e.g. Swahili from Congo, Tanzania or Kenya?



Whilst the needs of people on 457 Visas were raised, they were not fully discussed at this forum.

Feedback from the event was positive with strong interest shown in further forums of this nature. I would like to thank Michelle, on placement with HCC, and Zainab, an HCC volunteer, for their assistance during the forum.

# FREE CULTURAL COMPETENCY WORKSHOP FOR HEALTH CARE WORKERS

In an increasingly diverse population, language barriers and cultural misunderstandings impact on both consumers and service providers.

Nationally and internationally, research has shown the importance of cultural competency to enhanced health care delivery and to patient recovery. As a result the workshop has been designed to assist health care workers to gain knowledge and skills that will allow them to work more effectively with patients/clients from new and emerging communities.

**The next Free Cultural Competency workshop is on Thursday 12th December 2013. To be held in Unit 7 Wellington Fair, 40 Lord Street, East Perth.**

#### **This workshop will:**

- Develop your understanding of the terms 'culture' and 'cultural awareness'
- Build on your knowledge of new and emerging communities
- Increase your skills when working with interpreters
- Identify barriers people may face
- Explore ways of applying the above in your work

#### **Feedback from previous workshops:**

- Good to develop the skills and how to apply them to a real setting
- All useful & awareness raising
- Thought provoking workshop
- Overall very good training & 'super' facilitator
- Useful to think about the way different people view health

**Places are limited so please book early by calling (08) 9221 3422 or email [info@hconc.org.au](mailto:info@hconc.org.au)**



# ABORIGINAL ADVOCACY PROGRAM OFFICER

Full time, based in Perth.

We have a full time opportunity for a passionate and energetic Aboriginal applicant for the role of Aboriginal Advocacy Program Officer. This position provides support to Aboriginal people experiencing a problem with a health service and works in partnership with health services to improve service delivery.

The position will be based in Perth but requires travel throughout the state, networking and liaising with Aboriginal consumers and health services.

For further information about the position please call Laura Elkin on (08) 9221 3422  
For an application package please email [amy.mcgregor@hconc.org.au](mailto:amy.mcgregor@hconc.org.au)

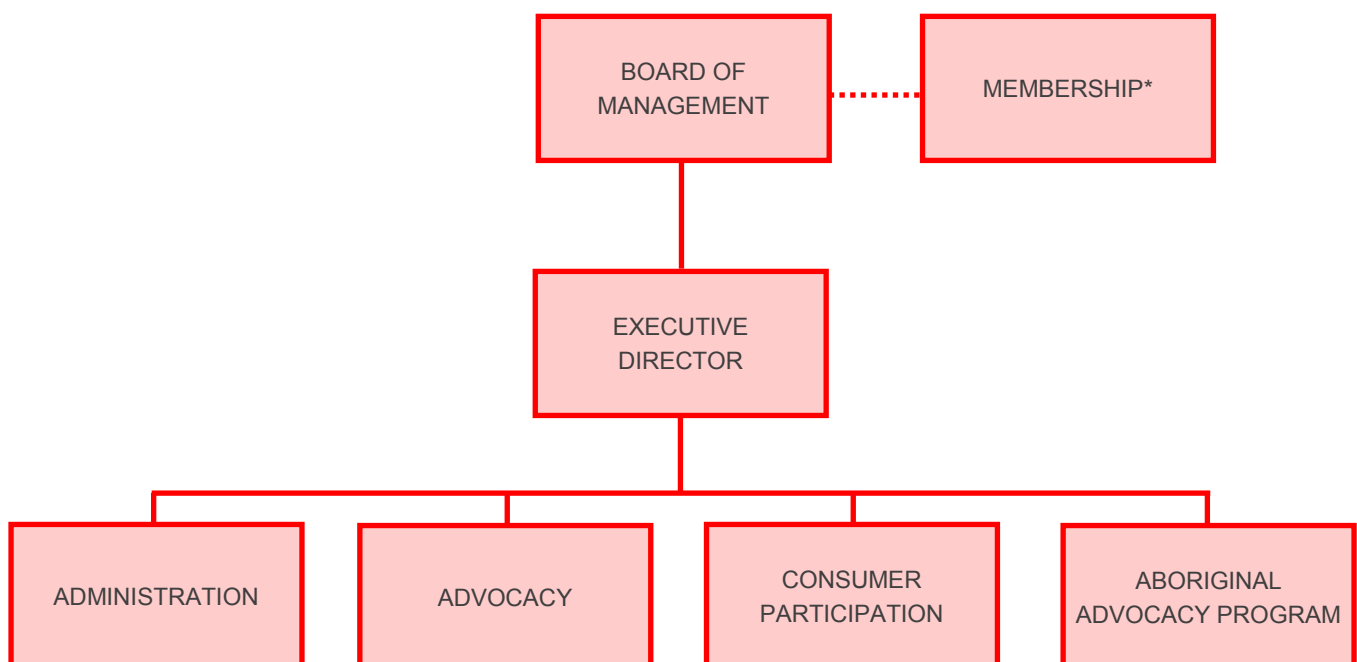
**Applications close Friday 6<sup>th</sup> December and must address selection criteria.**

## ORGANISATIONAL STRUCTURE

The Health Consumers' Council is an incorporated body governed by a Board Management which is required to abide by the Associations Incorporation Act (1987).

\*The Board of Management comprises of up to 12 members of which 9 are elected for a three year term by the membership base. Three other positions can be co-opted according to specific requirements of the Board.

The Executive Director is an ex-officio member of the Board of Management.



# AGM GUEST SPEAKER SPEECH

Our Guest speaker at the AGM this year was Professor Bryant Stokes. He has kindly provided us with a summary of his speech from the night.



## Bryant Stokes

**A/Director General  
Department of  
Health**

Our health system is currently undergoing its biggest transformation in its history. I would like to touch on three issues that will undoubtedly impact our biggest stakeholder – our patients

### Infrastructure

More than \$6 billion has been invested to build new hospitals and improve existing services throughout the State. When completed, these new hospitals will help support WA's growing population and will allow more Western Australians to be treated closer to home.

Some recent milestones from our infrastructure projects include:

- New Children's Hospital
- Midland Public Hospital
- Fiona Stanley Hospital

### Regional infrastructure

- Southern Inland Health Initiative capital works program ongoing
- Albany Health Campus completed
- Hedland Health Campus completed
- Construction has begun on the Busselton Health Campus
- New ED, Medical Imaging Unit and High Dependency Unit opened at redeveloped Kalgoorlie Health Campus.

### Reconfiguration

Complementing our infrastructure build is the reconfiguration of hospitals within the South Metropolitan Health Service (SMHS). SMHS is the fastest growing health service in Western Australia, covering an area of 5071 square kilometers with a population of close to one million people.

The reconfiguration of health services will have significant benefits to patients including:

- More complex care received closer to home
- Delivery of services in new or refurbished facilities
- Better access to healthcare services for patients living in the south metropolitan area

Once changes are commissioned in 2014, SMHS hospitals will offer the following services:

#### **Armadale Health Service**

A 270-bed general hospital providing a range of inpatient, same-day services including emergency, specialist medical and specialist general surgery.

#### **Bentley Hospital**

A 199-bed specialist hospital focusing on elective and same-day surgery, rehabilitation, community child health, aged care, a range of mental health services.

### **Fremantle Hospital and Health Service**

300 beds to deliver services in mental health, aged care, secondary rehabilitation, palliative care, elective surgery, and specialist medical services

### **Rockingham Peel Group**

Rockingham will transition to a general hospital. Bed numbers will increase to 232 beds plus 15 beds at Murray District Hospital

### **Royal Perth Hospital – Wellington St Campus**

A redeveloped 450-bed tertiary hospital providing a major adult trauma service, highly specialised surgical services, tertiary mental health services, and a range of same day and clinical support services.

N.B. Royal Perth Hospital Shenton Park Campus will close with tertiary rehabilitation services moving to the State Rehabilitation Service at Fiona Stanley Hospital.

The reconfigured SMHS will operate as one service to provide comprehensive care with integrated service, enhanced service delivery in each specialty and better integration between metropolitan and regional WA.

### **[Health and Wellbeing 2030](#)**

Perhaps one of our lesser-known initiatives is the development of a Health and Wellbeing 2030 strategic plan. The Health and Wellbeing project is considering the many challenges facing the WA Health system over the coming years. The high rate of migration into the state, the rapidly ageing population, equities in health outcomes for vulnerable populations and risky lifestyle choices are all factors to be addressed in this plan.

Service providers and consumers have made it clear that they want to be more directly involved in health planning from system and individual care plan perspectives. A strong health system is one that is all inclusive. Rather than being a totally responsive health system, we want to help people protect, promote, manage and improve their health and wellbeing.

The Health Consumers Council has been one of our strongest partners in helping to spread this message to the wider public. This plan gives us an excellent opportunity to work closer together to ensure all health consumers are getting the outcomes they desire. At the core of this plan is the need to identify the vision, mission and guiding principles for WA Health and its partners.

These guiding principles include:

- Allocation of the right responsibility
- Delivery of the right care
- Provision of services by the right team
- The right time
- The right place
- The right partnerships
- The right resources

The success of our reforms can only be measured by those people who use our services most – our patients. Patient safety and the quality of care remains the top priority for WA Health.

# TELEHEALTH & eHEALTH

**Michelle Ng**

**Student Project  
Officer**

On the 3rd of October 2013 a Telehealth & eHealth information session was held at the Health Consumers' Council, co-presented by Michelle Ng, a practicum student from UWA, and Professor Yogesan Acting CEO and Research Director of the Australian e-Health Research Centre. The aim of the session was to increase understanding of the newly introduced Telehealth and Personally Controlled Electronic Health Records (or more commonly known as eHealth) systems in Australia.



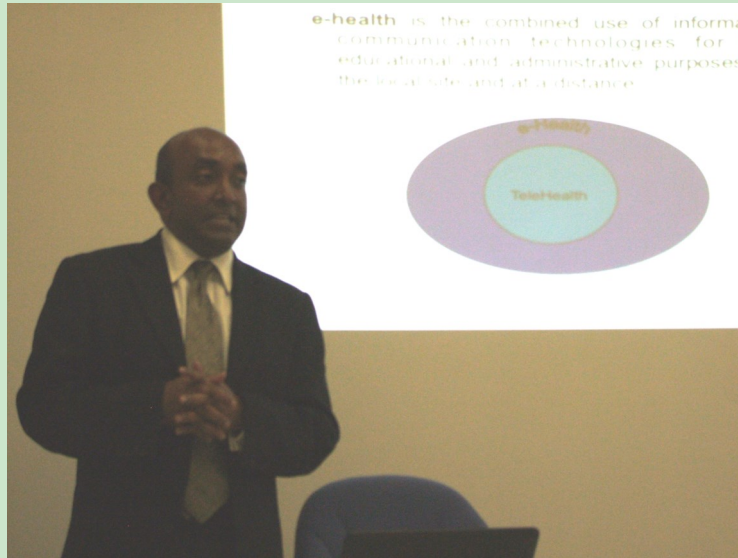
## **Telehealth**

Medicare rebates are available for Telehealth services delivered to patients living in rural and remote Australia, and in aged care facilities or Aboriginal Medical Services. Telehealth under Medicare involves a clinical consultation between a specialist doctor and a patient using video conferencing technology. Such services will bridge the distance between people living in rural or remote Australia with specialist services, and also allow patients in aged care facilities or Aboriginal Medical Services to receive timely clinical care. Patients who require assistance during the video consultation may have a GP, nurse or Aboriginal health worker to provide physical support to them. This is also covered by Medicare.

## **eHealth records**

The eHealth system is an electronic database to store the personal health records of all Australians who choose to opt in. The information stored on eHealth records range from summaries following consultations with GPs,

allergies and medications, to the personal health goals of the person. The Government guarantees that the records will have bank strength security similar to that in the Attorney-General department. This makes eHealth a safe, convenient and efficient manner of storing health information about a person.



## Fast Fact: eHealth

Patients can now register for the Australian Government's eHealth record, launched in June 2012, for a secure online summary of their own health information.

[www.ehealth.gov.au](http://www.ehealth.gov.au)

### The Session

The session was interactive with broad audience participation. Discussions during the session included:

- The potential use of Telehealth and eHealth for Chronic Obstructive Pulmonary Disease
- The use of Telehealth services in rural and remote areas,
- The advantages of using a eHealth record
- Incentives for health professionals to use the eHealth system

Professor Yogesan gave the audience a live demonstration on how to register and use the eHealth system. Based on his past experiences in Telehealth and eHealth, he was able to give real-life examples of the benefits of using the systems. He explained that registering for an eHealth record is a complex procedure, but the potential benefits of having a eHealth record far outweigh the negatives, once the system is fully up and running.

The session received positive feedback from participants who enjoyed learning about what the systems are, how they may be utilised, and the open discussion that the session encouraged.

**A copy of the presentation is available on the Health Consumers' Council website [www.hconc.org.au](http://www.hconc.org.au).**

# OBTAINING MEDICAL RECORDS

Many are unsure of the correct procedure of obtaining their medical records. This helpful guide has been put together by Advocate Chrissy Ryan.



Under Freedom of Information (FOI) Act of 1992 you may request to view your own medical records or ask for a copy of them. If you are the next of kin (NOK) or legal guardian, you can also apply for the records of a family member (if deceased or no longer competent to request them/ manage their own affairs). You can do this both in the government or public health system or in the private sector. When you request to see or obtain a copy of your records in the private (non-government) system, you must remember that those records do belong to the private practitioner or the business or practice that he or she works for, but you still have the right to view or ask for a copy of your records.

What you can access:

- Your own medical record and your personal information.
- other documents. This includes records from government, policy statements, notices, standards, correspondence, communications etc.

What you can't access:

- information as defined in the exemption categories listed in the [FOI Act 1992](#) (eg generally, personal information about another person, information provided in confidence, legal advice, private business information of commercial value etc.)

**Accessing your medical record or personal information:**

- this service is free (from government and public institutions, private organizations may charge for their time and photocopying per page)
- applications must be in writing

You must provide:

- an address in Australia to which notices under the FOI Act can be sent.
- Provide your full name and address, date of birth, hospital number if you have it. It may be useful to also provide a contact phone number as well.
- enough information for the requested documents to be identified, such as what it is that you want, and for what period of time. eg a copy of my outpatient medical records from Fremantle Hospital from 01/04/2012 -30/6/2012.
- proof of identity (for example a copy of a valid driver's licence or birth certificate)

If your personal information in your records is incorrect, misleading or out of date then the information can be changed. You will need to provide details of the reasons as to why the information should be changed as well as specifically what needs to be changed. If you believe information is incorrect in your records, you may need to have some supporting evidence that validates your claim that it is incorrect.





## SUBSCRIBE TO eNEWS

**It's free and each fortnight you will receive:**

- Interesting health consumer articles and tips
- Opportunities to have a say regarding various aspects of the Health System
- The latest news and events happening at the Health Consumers Council

**Subscriptions can be made by emailing [info@hconc.org.au](mailto:info@hconc.org.au) or contacting the office on 9221 3422**

## BECOME A MEMBER

**As a member of the Health Consumers' Council you will:**

- Receive free Health Matters magazines and fortnightly eNews
- Be kept up to date about health issues
- Have your say on health policy as a Consumer Representative
- Work with community groups and health-related organisations
- Work to make the health system more responsive to consumers

The council has three categories of membership - Individual, Organisation and Associate. Individual membership is free. There's a small fee for Organisation and Associate membership (invoices are sent out at the beginning of the financial year).

**Contact us on 9221 3422 or via [info@hconc.org.au](mailto:info@hconc.org.au) to register your interest!**

# NOMINATIONS FOR HCC CONSUMER EXCELLENCE AWARDS

The Board is seeking nominations from members (including staff) for up to 5 people to be recognised for their excellent contribution at the annual **HCC Consumer Excellence Awards**. Health Professionals, Consumer Representatives, Health Services, Non Government Organisations are all eligible for the five awards, where their actions have benefited health consumers and/or contributed to improvement in health delivery systems.

We are asking for the nominations to include a paragraph or two on why this person or service should receive an award.

Please email nominations to [info@hconc.org.au](mailto:info@hconc.org.au). Nominations close Monday 18<sup>th</sup> November.

## HCC ANNUAL CHRISTMAS MORNING TEA & AWARDS

**Date** Thursday 5th December 2013

**Time** 10:00am—12:00pm

**Location** HCC unit 7 Wellington Fair, 40 Lord Street

**Parking** Moore Street / Royal Street Car Parks

**RSVP** As this is a catered event,  
please let us know if you are coming  
**RSVP by Monday 2nd December 2013**  
[info@hconc.org.au](mailto:info@hconc.org.au) or 9221 3422

# CONTACT US

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## Website

[www.hconc.org.au](http://www.hconc.org.au)

## Facebook

[www.facebook.com/hconcwa](http://www.facebook.com/hconcwa)

## Twitter

[www.twitter.com/hconcwa](http://www.twitter.com/hconcwa)

## Linkedin

[www.linkedin.com/company/health-consumers'-council](http://www.linkedin.com/company/health-consumers'-council)

## Opening Hours

New opening hours: 9:00am — 4:30pm

Christmas hours: Closed from the 25th December 2013 –1st January 2014 inclusive.