Health
South Western Sydney
Local Health District

Privacy complaint: internal review application form

This is an application[1] for review of conduct under: (*please choose one)*

☐ **s53 of the *Privacy and Personal Information Protection Act 1998* (PPIP Act)**
☐ **s21 of the *Health Records and Information Privacy Act 2002* (HRIP Act)**

1	Name and address of the agency[2] you are complaining about:
2	Your full name:
3	Your postal address: Telephone number: Email address:
4	If the complaint is on behalf of someone else, please provide their details: What is your relationship to this person (eg. parent)? Is the person capable of making the complaint by himself or herself? ☐ yes ☐ no ☐ unsure
5	What is the specific conduct[3] you are complaining about? *(see footnote for explanation of "conduct")*
6	Please tick which of the following describes your complaint: *(you may tick more than one option)* ☐ collection of my personal or health information ☐ security or storage of my personal or health information ☐ refusal to let me access or find out about my own personal or health information ☐ accuracy of my personal or health information ☐ use of my personal or health information ☐ disclosure of my personal or health information ☐ other ☐ unsure
7	When did the conduct occur (date)? *(please be as specific as you can)*

8	When did you first become aware of this conduct (date)?
9	You need to lodge this application within six months of the date at Q.8. If more than six months has passed, you will need to ask the agency for special permission to lodge a late application. Please explain why you have taken more than six months to make your complaint *(for example: I had other urgent priorities – list them, or while the conduct occurred more than six months ago, I only recently became aware of my privacy rights, etc)*:
10	What effect did the conduct have on you?
11	What effect might the conduct have on you in the future?
12	What would you like to see the agency do about the conduct? *(for example: an apology, a change in policies or practices, your expenses paid, damages paid to you, training for staff, etc.)*

I understand that this form will be used by the agency to process my request for an internal review. I understand that details of my application will be referred to the Privacy Commissioner in accordance with: section 54(1) of the *Privacy and Personal Information Protection Act*; or section 21 of the *Health Records and Information Privacy Act*; and that the Privacy Commissioner will be kept advised of the progress of the internal review.

Your signature: _____

Date:

SEND THIS FORM TO THE AGENCY YOU HAVE NAMED AT Q.1
Keep a copy for your records.
For more information on the PPIP Act of the HRIP Act: www.privacy.nsw.gov.au

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1 It is not a requirement under the PPIP Act or the HRIP Act that you complete an application form. This form is designed for your convenience only. However, you must make a written request in some form to the agency for the matter to be a valid internal review.

2 The PPIP Act regulates NSW state government departments, area health services, most other state government bodies, and NSW local councils. Each of these is defined as a "public sector agency". The HRIP Act regulates private and public sector agencies and private sector persons.

3 "Conduct" can include an action, a decision, or even inaction by the agency. For example the "conduct" in your case might be a *decision* to refuse you access to your personal information, or the *action* of disclosing your personal information to another person, or the *inaction* of a failure to protect your personal information from being inappropriately accessed by someone else.