



Internal Review Application Form

This is an application for review of conduct under: (please choose one - see www.lawlink.nsw.gov.au/privacynsw for further information on the two Acts)

- s53 of the Privacy and Personal Information Protection Act 1998 (PPIPA)
 s21 of the Health Records Information Privacy Act 2002 (HRIPA)

1. Name of the agency you are complaining about:

2. Your full name:

3. Your postal address:

4. If you are complaining on behalf of someone else, write their full name here:

What is your relationship to this person (e.g. parent)?

Is the other person capable of making the complaint themselves? Yes No I'm not sure

5. What is the specific **conduct** you are complaining about?

6. Please tick which of the following describes your complaint: *(Tick any that apply)*

- collection of my personal/health information
 security or storage of my personal/health information
 refusal to let me access or find out about my own personal/health information
 accuracy of my personal/health information
 use of my personal/health information
 disclosure of my personal/health information
 other
 I'm not sure

7. When did the conduct occur? *(Please be as specific as you can)*

8. When did you first become aware of this conduct?

9. You need to lodge this application within 6 months of the date you have written at Q.8. If more than 6 months have passed, you need to ask the agency for special permission to lodge a late application. If you need to, write here to explain why you have taken more than 6 months to make your complaint:



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.)*

13. Tick the boxes to acknowledge the statements below.

- 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 1998; or
 - section 21 of the Health Records and Information Privacy Act 2002;
 - and that the Privacy Commissioner will be kept advised of the progress of the review.

14. I would prefer the Privacy Commissioner to have:

- a copy of this application form, or
- just the information provided at Q's 5 - 12.

15. Your signature:

16. Dated:

NOW SEND THIS FORM TO THE PTTC
Level 20, 456 Kent Street, Sydney NSW 2000
Keep a copy for your own records.

1. It is not a requirement under the PPIPA or the HRIPA that you complete an application form. This form is designed for your convenience only.
2. PPIPA regulates the 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”.
 HRIPA 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.