

# Privacy Complaint: Internal Review Application



Health  
Sydney  
Local Health District

This is an application<sup>1</sup> for review of conduct under:

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

(please choose one – see [www.lawlink.nsw.gov.au/privacynsw](http://www.lawlink.nsw.gov.au/privacynsw) for further information on the two Acts)

1. Name of the agency<sup>2</sup> 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 other person (eg parent)?

Is the other person capable of making the complaint him or herself?

- Yes
- No
- I'm not sure

5. What is the specific **conduct**<sup>3</sup> you are complaining about?

6. Please tick which of the following describes your complaint: (You can tick more than one)

- 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 (please specify):

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 has 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.  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 NSW 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 NSW 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.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form to: Privacy Contact Officer  
Sydney Local Health District  
PO Box M30  
Missenden Road, NSW, 2050**

1. This application form has been adopted with permission from Privacy NSW. It is not a requirement under the PPIP Act/the HRIP Act that you complete an application form. This form is designed for your convenience only.

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.