Privacy Complaint: Internal Review Application Form

Please complete this form to apply for a review of conduct under s53 of the Privacy and Personal Information Protection Act 1998 (PPIP Act) OR s21 of the Health Records and Information Privacy Act 2002 (HRIP Act).

If you need help in filling out this form, please contact the Privacy Contact Officer on 02 59433701 or visit our website at https://www.mlhd.health.nsw.gov.au/patients-visitors/rights-to-information/information-privacy

This is an application for review of conduct under: (please select 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. Surname: ................................................................. Title: Mr / Ms
Other names: ......................................................................................................................
Postal address: ..................................................................................................................
Postcode: ............ Daytime telephone: ................................................ Facsimile: ................
Email: ..............................................................................................................................
☐ I agree to receive correspondence at the above email address.

If the complaint is on behalf of someone else, please provide their details:

Surname: ................................................................. Title: Mr / Ms
Other names: ..................................................................................................................
Postal address: ..................................................................................................................
Postcode: ............ Daytime telephone: ................................................ Facsimile: ................
Email: ..............................................................................................................................
What is your relationship with this person? (e.g. parent)............................................................
Is the person capable of making the complaint by himself or herself?
☐ Yes
☐ No
☐ Unsure

Please provide proof that they have the legal authority (i.e. guardianship or power of attorney) to deal with the matter
2. What is the specific conduct you are complaining about? (see footnote for explanation of “conduct”)

3. 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

4. When did the conduct occur (date)? (please be as specific as you can)

5. When did you first become aware of this conduct (date)?

6. You need to lodge this application within six months of the date at Q.5.

   If more than six months has passed, you will need to request special permission to lodge a late application. Please explain why you have taken more than six months to make your complaint (e.g. 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.):

7. What effect did the conduct have on you?

8. What effect might the conduct have on you in the future?
9. What would you like to see us do about the conduct? (e.g. an apology, a change in policies or practices to ensure that the conduct will not occur again, the payment of monetary compensation to the applicant etc.)

10. 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, and that the Privacy Commissioner may make submissions.

Applicants are advised that if the review is not completed within 60 days from the day on which the application was received, the applicant is entitled to a review by the NSW Civil and Administrative Tribunal (NCAT).

Applicant’s signature: ..........................................................

Date: ..........................................................

Please email this form to:
Alexandra.Toth@health.nsw.gov.au

Or, post to:
Privacy Contact Officer
Murrumbidgee Local Health District
PO Box 3095, Albury NSW 2640


Please keep a copy for your records.

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 omission of a failure to protect your personal information from being inappropriately accessed by someone else.

General information about the PPIP Act and HRIP Act is available by calling the Information and Privacy Commission NSW (IPC) on 1800 472 679 or visit the IPC’s website: www.ipc.nsw.gov.au

Office use only

Date application received: ..........................................................

File reference: ..........................................................