

Privacy Internal Review Application Form

This is an application¹ for a review of DCJ conduct under (select one):

- Section 52 the *Privacy and Personal Information Protection Act 1998*²
- Section 21 of the *Health Records and Information Privacy Act 2002*³

Details of the applicant (the person who is the subject of the application).	
1.	Family name: Given name:
2.	Postal Address:
3.	Phone number: (work) (mobile)
4.	Is the applicant a: (please tick the box) <input type="checkbox"/> Employee Legal Representative Parent or caregiver Other
If you are lodging the application on behalf of another please complete Qs 5-8. If not, disregard	
5.	Your family name: Your given name:
6.	Your address:
7.	Your relationship to the applicant:
8.	The reason why you are lodging the application on behalf of the applicant. ⁴
Information about the conduct of DCJ and your (the applicant's) complaint	
9.	What is the specific ' <i>conduct</i> ' ⁵ of which you are seeking review? Describe what you believe DCJ did. <i>(attach additional pages if more space is required)</i> (see footnote for explanation of conduct)

10.	<p>Please tick which of the following describes the conduct the subject of this application <i>(you can tick more than one)</i></p> <p><input type="checkbox"/> collection of your personal/health information</p> <p><input type="checkbox"/> security or storage of your personal/health information</p> <p><input type="checkbox"/> refusal to let you access or find out about your personal/health information</p> <p><input type="checkbox"/> accuracy of my personal/health information</p> <p><input type="checkbox"/> use of my personal/health information</p> <p><input type="checkbox"/> disclosure of my personal/health information</p> <p><input type="checkbox"/> other</p>
11.	<p>When did the conduct occur? <i>(Please be as specific as you can)</i></p>
12.	<p>When did you first become aware of this conduct? <i>(please include the date)</i> <i>Please be as specific as you can about how and when you first became aware of the conduct. Please include any action that you took at the time.</i></p>
13.	<p>You need to lodge this application within 6 months of the date you have written at Q12. If more than 6 months has passed please explain why you have taken more than 6 months to lodge your application. The Department will consider your reasons for delay when deciding whether to accept your application.</p>
14.	<p>What effect did the conduct have on you (the applicant)?</p>
15.	<p>What effect might the conduct have on you (the applicant) in the future?</p>

16.	What would you like to see the Department do about the conduct? <i>(for example: an apology, a change in policies or practices, training for staff etc.)</i>
17.	<p>I understand that the Privacy Commissioner will be notified of the application in accordance with Section 54(1) of the <i>Privacy and Personal Information Protection Act</i> and/or Section 21 of the <i>Health Records and Information Privacy Act</i> and that the Privacy Commissioner will be kept informed of the progress and outcome of the internal review.</p> <p>I consent to the Department disclosing my complaint and any other personal information (including any evidence or attachments to the application) to the NSW Information and Privacy Commission for the purposes of dealing with my privacy internal review.</p>

I understand that the information on this form will be used by the Department to process the application and any subsequent action in connection with the internal review or other action undertaken in response to the application.

.....Date

(Signature of Applicant⁶ or person lodging the application on behalf of the applicant.)

You may email your completed form to
infoandprivacy@dcj.nsw.gov.au

Alternatively, you may mail applications to:

Open Government, Information and Privacy Unit
 DCJ Legal
 Locked Bag 5000
 PARRAMATTA NSW 2124

Privacy Notice

The information provided on this form is being obtained for the purpose of making an application for internal review under Part 5 of the *Privacy and Personal Information Protection Act 1998*. This information might be provided to particular officers of the Department of Communities and Justice for investigation of the conduct the subject of the application. Other persons and/or agencies that may be provided with this information are the Information and Privacy Commission and any other person or agency identified by you as playing a role in the conduct the subject of this internal review application. Provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the Open Government Information and Privacy Unit at infoandprivacy@dcj.nsw.gov.au

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

² Tick this box if your application involves your “personal information”. “Personal information” is information or an opinion (including information or an opinion forming part of a database and whether or not recorded in a material form) about an individual whose identity is apparent or can reasonably be ascertained from the material form) about an individual whose identity is apparent or can be reasonably be ascertained from the information or opinion.

³ Tick this box if your application involves your “health information”. “Health information” is “personal information” (see point 2 above) that is information or an opinion about an individual’s physical or mental health or disability or information relating to the provision of a health service to an individual.

⁴ The reason may include decision making disabilities, immaturity or others you consider relevant. The Office of the Privacy Commissioner has published a Best Practice Guide on Privacy and People with decision making disabilities.

⁵ ‘Conduct’ can include an action, a decision, or inaction by the Department. For example the ‘conduct’ might be a decision to refuse you access to your personal information, the disclosure of your personal information to another person or the failure to protect your personal information from being inappropriately accessed by someone else.

⁶ If the applicant is incapable of signing the form, the person who is lodging the application on his/her behalf should sign.