Application under the  [***Privacy and Personal Information Protection Act 1998***](https://www.legislation.nsw.gov.au/view/html/inforce/current/act-1998-133) **(PPIP Act)** and/or  [***Health Records and Information Privacy Act 2002***](https://www.legislation.nsw.gov.au/view/html/inforce/current/act-2002-071)  **(HRIP Act)** for access of the applicant’s personal and/or health information.

**Applicant details (please provide your details here if you are making the applicaton of behalf of another individual)**

Surname: ………………………… First Name: ………………..……. Title: Mr/Ms/Mrs/other: .....………..

Postal address: ………………………………………………………………………………………………………

State: ……………………… Post Code: ……………………………

Email (optional) ………………………………………………………………………………………………………

**Access and Cost**

As an applicant you have a right under the legislation to request access to your personal and/or health information concerning yourself that is held by icare and its service lines. You are entitled to have access without excessive delay or costs.

Access may be granted but limited to allowing you to view the documents only.

icare may require you to pay a fee if the application is made under the HRIP Act.

icare may refuse to process your application in part, or in whole, if there is an exemption under the legislation or a Code of Practice that restricts disclosure of the information sought.

You have a right to request an internal review by icare, of a decision in relation to your application for access. A request for internal review can be sent to the address listed below.

**Proof of Identity**

When seeking access to your, your child’s or another person’s personal or health information on their behalf, you may be required to provide proof of identity. This requirement will be met by providing a copy of one of the following documents:

● Australian driver photo licence showing current address, or

● Current Australian passport, and current address details, or

● Other proof of name, signature, relationship to the person on whose behalf you are acting or current address details.

You will be advised by the person processing your application if proof of identity is required.

**Information requested**

I am seeking my own personal and/or health information.

I am seeking personal and/or health information about my child or person for whom I have legal guardianship[[1]](#footnote-1).

I am seeking personal and/or health information on behalf of another person other than my child.[[2]](#footnote-2)

I am seeking information on behalf of another person other than my child for the following reason/s” [attach further documentation if necessary] ………………………………………………………………………………………….……………………..…

……………………………………………………………………………………………………………………

I am seeking access to the following information held by icare: [complete information on a separate page if necessary]

……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

I am seeking the above information for the period from …………..………. to ………………………….

**Where to send your application**

Your application can be submitted to the icare, the Privacy Officer via email: privacy@icare.nsw.gov.au or post to:

Privacy Officer, icare, GPO Box 4052, Sydney NSW 2001

**Signature and declaration**

I declare that the information I have provided on this form is true and correct.

Signed: ……………………….………………………………………………………….. Date: ..…./….../…...

**Privacy Notice**

The information provided on this application form is being obtained for the purpose of processing your application for access to information. Providing this information is not required by law however if you do not provide all or any of this information it could prevent or delay the processing of your application.

1. Please provide evidence of your relationship which the person whose personal information you are requesting if the Department does not already hold that information. [↑](#footnote-ref-1)
2. If you are applying on behalf of another person other than your child or a person for whom you have legal guardianship please provide written authority and ID from that person. [↑](#footnote-ref-2)