

Personal Information Protection Act 2004

Application for Personal Information

When to use this form

You should use this form when you are seeking access to personal information that you believe is held by the Department of Health (DoH) or Tasmanian Health Service (THS).

If you are applying for access to information that is not personal information, you should contact DoH or THS to discuss the information you are seeking.

If you are applying for access to someone else's personal information on their behalf, you will need to have the consent of that person. Consent must be in writing and supported by evidence of the person's identity.

Where you should send this form

A number of operational units within DoH and THS hold personal information. The fastest way to access personal information is to contact the unit that holds your information.

If you are applying for your **Tasmanian Health Service records** (including District Hospitals, Community Health Centres, Mental Health, Alcohol & Drug and Correctional Health records) please contact the relevant service below:

| Service | Contact Information |
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| THS- Southern Region Release of Information Officer Health Information Management Services Royal Hobart Hospital | GPO Box 1061 5/25 Argyle Street HOBART TAS 7000 Phone: (03) 6166 8898 Email: himshio@ths.tas.gov.au |
| Release of Information Officer Health Information Management Services Launceston General Hospital | Level 2, 274-280 Charles Street LAUNCESTON TAS 7250 Phone: (03) 6777 6556 Email: lgh.patientroi@ths.tas.gov.au |
| Release of Information Officer Health Information Management System North West Regional Hospital | Ground Floor, Brickport Road BURNIE TAS 7320 Phone: (03) 6493 6126 Email: nw.patientroi@ths.tas.gov.au |
| Release of Information Officer Health Information Management Mersey Community Hospital | Bass Highway Latrobe PO Box 21 LATROBE TAS 7307 Phone: (03) 6478 5246 or (03) 6478 5131 Email: nw.patientroi@ths.tas.gov.au |
| Release of Information Officer Statewide Mental Health Services (including Alcohol and Drug Services, Forensic Mental Health, Correctional Primary Health Service) | GPO Box 125 HOBART TAS 7001 Phone: (03) 6166 0826 Email: smhs.records@ths.tas.gov.au |

| Service | Contact Information |
|---------------------------|---|
| Information Officer | GPO Box 125 |
| Clinical Services | HOBART TAS 7001 |
| Ambulance Tasmania | Phone: (03) 6166 1978 |
| | Email: at.pir@ambulance.tas.gov.au |

If you need information from Children, Youth and Families, Housing, Disability or Ashley Youth Detention Centre, please go to the [Communities Tasmania webpage](#)¹.

For all other requests for personal information, or if you are not sure which operational unit holds your information, send your application to:

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| <p>Strategy, Information Management and Governance Office Policy and Privacy Department of Health GPO Box 125 HOBART TAS 7001</p> <p>Phone: (03) 6166 3912 Email: pipapplications@health.tas.gov.au</p> |
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What happens after you lodge an application

The relevant operational unit will acknowledge receipt of your application. They may need to ask you to provide further information to enable them to process your application. If you have not completed all details on the application form, or have not provided appropriate evidence of your identity, the operational unit may be unable to process your application.

Charges for information

You will be advised of any charges payable for accessing your information. Information may be withheld until all charges have been met.

Important note: This information does not constitute legal advice. If more information is required, consult the relevant legislation or a legal adviser, as necessary.

Disclaimer: While reasonable efforts have been made to ensure that the contents of this document are correct, the Crown in Right of the State of Tasmania, its agencies and employees, do not accept responsibility for the accuracy or completeness of the contents, and is not liable to any person in respect of anything or the consequences of anything done or omitted to be done in reliance upon the contents of this document.

¹ www.communities.tas.gov.au/about-us/your-rights/right-to-information

Application for Personal Information

Applicant's Details

Family Name: Title:

Given Name/s:

What is your date of birth? / /
DAY MONTH YEAR

DAY TIME CONTACT INFORMATION:

Address:

STATE: POSTCODE:

Telephone: Business Home Mobile

Email:

(Note that email is requested for contact purposes only, and will not be used for formal information release).

Does application relate to your own personal information? Yes No

If yes, have you attached two forms of identification, one photographic?

Yes

If no have you attached a completed consent form?

Yes

Do you wish to be:

supplied with a copy of the document(s)? Yes

Or

Inspect the document(s) in person? Yes

Please indicate (where possible) which of the following operational units may hold the information sought:

Royal Hobart Hospital

Launceston General Hospital

North West Regional Hospital

Mersey Community Hospital

Mental Health Services

Ambulance Tasmania

Other (provide details)

Information Request: To enable the Department to identify the information in its possession, please clearly outline your request below, or attach a separate sheet where necessary.

(I) What information is sought? (Provide dates where possible)

Applicant's
Signature:

Date:

Privacy Statement

The Department of Health and Human Services collects personal information provided in this form for the purposes of processing your application for personal information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Department

Office use only:

| | | | | | |
|-------------------------------|----------------------|-------------------|----------------------|-------------------|----------------------|
| Received by: | <input type="text"/> | Date | <input type="text"/> | PIP reference no: | <input type="text"/> |
| Identification 1: | <input type="text"/> | Identification 2: | <input type="text"/> | | |
| Assign to: (Operational Unit) | <input type="text"/> | Consent Attached: | <input type="text"/> | | |