

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
THS- Southern Region Release of Information Officer Health Information Management Services Royal Hobart Hospital	GPO Box 1061 2/25 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:

**Strategy, Information Management and Governance Office
Policy and Privacy
Department of Health
GPO Box 125
HOBART TAS 7001**

Phone: (03) 6166 3912
Email: piapplications@health.tas.gov.au

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?

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
DAY		MONTH		YEAR

DAY TIME CONTACT INFORMATION:

Address:

<input type="text"/>	
STATE:	POSTCODE:

Telephone:

Business	Home	Mobile
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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:		Date		PIP reference no:	
Identification 1:		Identification 2:			
Assign to: (Operational Unit)		Consent Attached:			