

# PRIVACY COMPLAINT FORM

This form is to assist you in making a complaint to Dr Jones & Partners Medical Imaging about the handling of personal information, including sensitive (health) information, under the Privacy Act 1988 (Cth).

The Privacy Act 1988 requires that, generally, the person complaining must first complain to the organisation involved (in this case Dr Jones & Partners Medical Imaging) before a complaint can be made to the Office of the Australian Information Commissioner.

For the protection of everyone's privacy, we can accept only complaints made by the persons involved or an authorised representative. Therefore, if you wish to complain on behalf of another person, please provide proof of authority to do so.

To assist the Complaint Handling Process, it is important that all the required information is legible. If more space is required, please attach additional pages.

## Collection notice

We will use the information you provide on this form to investigate and conciliate your privacy complaint against Dr Jones & Partners Medical Imaging. We will only disclose the information you give us to those areas within Dr Jones & Partners Medical Imaging that may have information relevant to your complaint, and to our technical and legal advisors as needed. In the event of a challenge to the decision made by Dr Jones & Partners Medical Imaging, we may be required to disclose this information to a regulatory authority, such as the Office of the Australian Information Commissioner, or to an Australian court or tribunal. While use of this form is optional, we may not be able to process your complaint if you do not provide the information requested on this form. Please see our Privacy Statement for further information about our complaints handling procedures, and your right to access and correct personal information that we hold about you.

## About you

Name		
Address		
Telephone	Business	Mobile
Email		
If you are complaining on behalf of someone else		
	Name of that person	
	Your relationship to that person	

Please provide proof of your authorisation – ie written authorisation by the individual wishing to make the complaint. Please submit with this form.

## What/who is your complaint about?

Please provide all the information you think is relevant to your complaint

I am complaining about the handling of my personal information by: <i>(insert name of Dr Jones &amp; Partners Medical Imaging clinic/office)</i>	
What was the nature of your involvement with Dr Jones & Partners Medical Imaging at this time:	

## Your Complaint

How do you believe that your privacy has been breached?  Please describe briefly how, in your view, your privacy has been breached.  What happened, where did it happen, when did it happen, who did it and what personal information was involved?  Please provide as many details as you can recall.	
What impact has this had on you?	
What outcome would you like to see from this complaint?	

## Documents

Please submit with this form copies (not originals) of any documents that may help us to investigate your complaint (for example, any correspondence or records of conversations you have had with the Dr Jones & Partners Medical Imaging department involved).

Please sign and date this form

Signature	Date
-----------	------

Post the completed form marked ***“Private and confidential”*** to:  
Dr Jones & Partners Medical Imaging  
Privacy Officer  
PO Box 7054 Hutt Street  
Adelaide SA 5000

Or scan and submit by email with attachments to: [privacy@drjones.com.au](mailto:privacy@drjones.com.au).

For assistance with this form, please contact the Privacy Officer on:  
(08) 8309 2222 or [privacy@drjones.com.au](mailto:privacy@drjones.com.au)

Updated May 2014