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 alteration 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) ……………………………………………………………………………………………………………………

As an applicant you have a right under the legislation to request alteration of personal and/or health information concerning yourself that is held by icare and its service lines, to ensure it is accurate and, having regard to the purpose for which it was collected, is relevant, up to date, complete and not misleading.

If icare is not prepared to amend the information you may request that it attach to the information a statement of the amendment sought.

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 the alteration sought.

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

**Proof of Identity**

When seeking alteration of your, your child’s or another person’s personal and/or health information 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.

**Amendment requested**

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

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

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

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

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I am seeking the following amendments to information held by icare: ………………………………………………………..

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**Where to send your application**

Your application can be submitted to icare, the Privacy Officer via email: [privacy@icare.nsw.gov.au](mailto: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 alteration of 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 icare 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)