**Request for Personal Information form**

**ACSO** is strongly committed to protecting its clients’ rights to privacy, and is required to comply with the Privacy Act 1988 of the Commonwealth and the Health Records Act 2001 of Victoria. Because of services provided to Victorian, New South Wales and Queensland government entities, ACSO also has obligations to comply with state based Privacy and Data Protection laws.

Even though ACSO need to abide by these laws, there are circumstances where client private information may be released including:

* When an individual requests access to their own personal information.
* Where signed consent exists.
* Where there is an imminent or serious threat to the health, welfare or safety of the client or another person and the threat may be averted with disclosure of private information.
* When a court subpoena has been received.

**If you wish to access your personal information that may be stored by ACSO please complete the information below and forward to**

**C/-The Privacy Officer**

**PO Box 14278**

**Melbourne 8001**

**Alternately you may wish to provide the following information via the ‘Contact Us’ page at** [**http://www.acso.org.au/contact-us/**](http://www.acso.org.au/contact-us/)**.**

ACSO does not charge clients any fee to access their personal information. Your request will be acknowledged, in writing, within 14 days of receiving the request with access granted within 28 days.

Individuals may access information may by:

* Viewing documents or records at an ACSO office.
* View, inspect and talk through information with an appropriate ACSO staff member
* Viewing documents or records at an ACSO office and taking notes.
* Receiving a copy of documents and records.

Viewing of documents and records will be conducted in a private area of an ACSO office with staff available to answer any questions. Where a copy of information has been requested, a suitable time will be organised for you to collect this from one of our offices.

In some cases, data or information requested may be withheld if this affects the privacy of other people, where it would be deemed unlawful, if it relates to legal proceedings or where it would pose a serious threat to the life or health of any individual. Where data is withheld, you will be informed of the reasons why this has occurred. (See [Australian Privacy Principles](http://wiki.acso.org.au/download/attachments/18972807/privacy-fact-sheet-17-australian-privacy-principles_2014.pdf?version=1&modificationDate=1396932837000&api=v2) for full details of list of exclusions.)

The details you provide below will be used to search our databases to locate the information you have requested. A log of your request will be kept detailing your unique ACSO client ID, date of your request, details of what was requested and when and how this was provided.

**Request for Personal Information form**

**Client Personal Details** (Please print in BLOCK LETTERS) ***\*Denotes Required fields***

**\*Surname** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Given Name/s** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Date of Birth** \_\_\_ / \_\_\_ / \_\_\_\_ **\*Contact Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACSO Program (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Personal Information Requested**

🞏 Client file

🞏 COATS assessment report

🞏 Mental Health or alcohol and drug assessment

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of request (please tell us if there is a reason you need to access your information so we can make sure the correct information is available and provided)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Method of Access**

🞏 Viewing documents or records at an ACSO office.

🞏 View, inspect and talk through information with an appropriate ACSO staff member

🞏 View documents or records at an ACSO office and taking notes.

🞏 Receiving a copy of documents

**\*Name of Person Requesting the Records \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Once your request has been processed an ACSO representative will make contact with you to organise viewing or collection of your information.

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| --- |
| **Office Use Only** Privacy Officer:  *Date request received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acknowledged date \_\_\_\_\_\_\_\_\_\_\_\_\_*  🞏 *Requester contacted* 🞏 *Information systems accessed*  🞏 *Details and information confirmed*  🞏 *Request for Personal Information Log completed*  *Privacy Officer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Program Manager:  🞏 *Information reviewed*  *Information to be deleted* **Yes** (contact Privacy Officer) / **No** (Collate information)  🞏 *Privacy Officer approval for release*  🞏 *Contact to organise collection time/place*  *Date of collection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 🞏 *Photo ID sighted. Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  🞏 *Client signature confirming collection*  🞏 *Noted in client record*  🞏 *Return Completed form to Privacy Officer*  *PM Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |