

## Privacy Request/Query Form

Open Minds respects each individual's legal right to privacy and has implemented a [Privacy Policy](#) that sets out how Open Minds manages information in an open and transparent way. If you have any questions about the personal information we collect and how we will handle your information, please refer to our [Privacy Statement](#) before using this form.

This form is provided to assist you with any privacy queries and requests for access and/or corrections to personal information.

### Use and disclosure of your information

We will use the information you have provided to assess and investigate your privacy queries and requests for access and/or corrections, and respond to you as soon as reasonably possible.

### Collection of your information

We may need to collect further information from you in order to process your query. If you do not provide this information we may not be able to process your query. Please send the completed form to the Privacy Officer at the location where services are provided or via the head office:

Open Minds

66 Annerley Road (PO Box 8142)

Woolloongabba Qld 4102

Fax: 07 3896 4200

Email: [privacy@openminds.org.au](mailto:privacy@openminds.org.au)

### Your Contact Details

Name: .....
Phone (daytime)..... Mobile.....
Email.....
Postal Address.....
..... Postcode .....
Other contact details (e.g. preferred contact method and time) .....
.....

### Representative

Do you have someone that you would like to represent you in this matter?  Yes  No

If yes:

Representative's relationship (e.g. parent, advocate):

Representative name: .....

**What does your query/request relate to? (Please tick relevant box)**

<input type="checkbox"/> Request to access information	<input type="checkbox"/> General privacy query
<input type="checkbox"/> Request to correct information	<input type="checkbox"/> Complaint query

**What services/support do you receive from Open Minds? (Please tick relevant box)**

<input type="checkbox"/> PHaMs	<input type="checkbox"/> Lifestyle Support
<input type="checkbox"/> Partners in Recovery	<input type="checkbox"/> Residential Support
<input type="checkbox"/> Disability Employment Services (DES)	<input type="checkbox"/> Headspace
<input type="checkbox"/> Other .....	

**Details of your query/request**

Please provide a brief description of your query/request.

It will assist us if you can explain:

- Nature of your query – e.g. What happened, When it happened (including dates)
- The specific personal information subject to your query or request
- Names of any individuals involved (if known)
- How and when you found out about it.

If you have any other records or documents relating to this matter, please also provide a copy of these.

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**Analysis**

Questions/points to consider in analysis:

- What was the identified cause of the lodgement of query/request? (if a cause exists)
- Under what organisation environment would this not have occurred (How could we do better?)
- What corrective or preventive action has been taken to resolve this issue and to prevent a recurrence?


Strategic / operational planning implications following lodgement of query/request:


Further actions required       Yes       No  
 Improvement Request raised (IR ref #: ..... )      **Date:** [Click here to enter a date.](#)

**CEO Review**


**CEO Signature:** \_\_\_\_\_ **Date:** [Click here to enter a date.](#)

**Closure**

Request/query saved in Privacy folder on completion - Noted by .....

Any request/query that is a complaint included in RISKMAN - Noted by .....

Verification that all required actions have been completed and request/query recorded in Privacy Register (and Complaints Register, where appropriate) as closed

**Quality Manager/Privacy Officer Signature:** \_\_\_\_\_ **Date:** [Click here to enter a date.](#)