

REQUEST FOR ACCESS TO PERSONAL INFORMATION HELD BY THE AUSTRALIAN RED CROSS BLOOD SERVICE

The details collected on this form will enable us to process your application to provide you with access to your personal information. Your information will be treated as confidential and held in compliance with the Privacy Act 1988 (Cth), State/Territory health records legislation and the Blood Service's Privacy Policy. Our Privacy Policy is available on request and contains information about how you may seek correction of your personal information, how you may complain about a breach of your privacy, and how we will deal with that complaint.

Please return this completed form along with a copy of your donor card or government-issued ID (e.g. passport, driver's licence):

- by post to **Chief Privacy Officer, GPO Box 5103, MELBOURNE VIC 3001**
OR
- by email to **PrivacyRequestsAUS@redcrossblood.org.au**

For all enquiries, please call us on **13 14 95**.

Name: _____ Donor Number: _____ Date of Birth: _____

Address: _____

Telephone: _____ Email: _____

I would prefer to receive the requested information by (please select one):

- Post to the postal address above** **Email to the email address above**

Details of information required:

Please allow 21 days for your request to be processed. If the information is required urgently, please specify the date by which it is required and circumstances of the urgency.

- I have attached a copy of my donor card or government-issued ID (e.g. passport, driver's licence) to enable the Blood Service to verify my identity for the purposes of this request.

Applicant's Signature: _____ Date: _____

PRIVACY OFFICER USE ONLY

Please ensure that you have sighted the applicant's ID.

Approved by: _____

Signature: _____ Date: _____

