

# 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 photocopy of one form of government-issued ID:

- by post to Chief Privacy Officer, Level 3, 417 St Kilda Road, MELBOURNE VIC 3004 **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):					
<input type="radio"/> <b>Post to the postal address above</b>		<input type="radio"/> <b>Email to the email address above</b>			

## 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 photocopy of my government-issued ID

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY OFFICER USE ONLY** Please ensure that you have sighted the applicant's ID.

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

