

## lifeAssist Privacy Complaint Policy

### Introduction

UnitingCare lifeAssist (lifeAssist) will be efficient and fair when responding to information privacy complaints. In dealing with your personal information, lifeAssist abides by the obligations set out in the relevant privacy legislation. This includes but is not limited to the Privacy Act 1988 (Cth), Privacy Act and Privacy Amendment (Enhancing Privacy Protection) Act 2012; Information Privacy Act 2000 (Vic) and Health Records Act 2001.

The first part of this document, *Complaint Procedure*, sets out how lifeAssist will deal with complaints about the handling of personal information.

The second part of this document, *Complaint Form*, provides a complaint form to assist in the making of a complaint.

Contact us for a copy of lifeAssist's Privacy Policy.

### COMPLAINT PROCEDURE

#### Who can complain?

A person who believes their personal information has not been handled according to the above mentioned legislation can make a complaint. If this person is unable to make their own complaint, a representative can make a complaint on their behalf. Before information can be released the representative must show written proof of authorisation.

A complaint can be made anonymously; however without being able to identify you, we may not be able to fully investigate the complaint.

#### Assistance

We will try to provide you with interpreter services and/or appropriate support to make a complaint if required.

#### Who can you complain about?

A complaint can be made about lifeAssist, its agencies and contractors.

#### To whom do you complain?

Make your complaint to:

The manager of the specific area of lifeAssist that you have been dealing with; or  
lifeAssist's Privacy Officer.

lifeAssist Privacy Officer  
Ground Floor, Building 5, 530-540 Springvale Road  
Glen Waverley VIC 3150

## **How the complaint will be handled**

The Complaint will be handled according to best practice principles contained including: -

- The complaint will be dealt with in an efficient, fair and timely manner, and all parties involved in the complaint should be given the opportunity to respond to any issues raised.
- All personal information collected in connection with a complaint will be handled in accordance with applicable privacy laws.
- If the complainant does not wish to be identified to those directly concerned in the complaint, this may compromise our ability to investigate the complaint. In these circumstances, we will endeavour to deal with the complaint anonymously but may have to decline the complaint if it means that parties are not given the opportunity to respond to any issues raised.
- Complainants will have the opportunity to have their complaint dealt with by an officer not previously involved in the matter.
- Conflicts of interest will be disclosed and acted upon.
- If it is decided that the complaint can be substantiated and has merit, we will try to conciliate the complaint and provide an appropriate outcome.
- All parties will be provided with clear reasons as to why any decisions have been made or actions taken.

If the complaint is not resolved to your satisfaction or if you are not satisfied with how it has been handled, you may complain to Privacy Ombudsman Victoria.

## COMPLAINT FORM

Use of this form is optional.

If more space is required, please attach additional pages

**Collection Notice** - We will only use the information you provide on this form to investigate and resolve your privacy complaint against UnitingCare lifeAssist. We will usually disclose the information you give us to those areas within the organisation that may have information relevant to your complaint so that it can be managed fairly. In case of a challenge to a decision by this office, we may need to disclose information to the Victorian Privacy Commissioner, Victorian Health Services Commissioner, a court or review body. De-identified complaint information is used in our business improvement processes.

### Details of person making complaint

Name

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Address

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Contact Details

Ph

Fax

---

Email

Mob

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Proof of ID – must be Photo ID

*Please tick box*

I am a current participant – my Partnership Worker is \_\_\_\_\_

Driver's License

Passport

Identity Card

Companion Card

I am a current Employee – my supervisor is \_\_\_\_\_

Is the information about you?

Yes

No - Please also complete Third Party Section

Do you authorise the release of your information to a third party?

No

Yes – Third Party to provide details below:

**Third Party Request** – You may make a complaint on behalf of someone else where the person who believes their privacy has been breached cannot make the complaint themselves. Fill out this box if you are complaining on behalf of someone else.

Name

Address

---

Contact Details

M

H

W

---

Email

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Relationship to person making a complaint

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**Please note the third party will be required to provide Proof of ID and a signed authorisation if information is required to be released. Please provide the proof with this form.**

**Evidence of right to access or release of information**

Legal letter

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**Original / certified copy of authorisation to be attached to request form**

Power of Attorney

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Signed authorisation

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## Complaint Details

**Which area / team of lifeAssist are you making a privacy complaint about?**

**What involvement have you had with this area?**

**How do you believe that your privacy has been breached?**

Please give a brief description of the events that you believe caused an interference with your privacy. We need to know what happened, where it happened and who was responsible. Please give us all of the dates and other details that you can remember.

**Is there any other information that you think is relevant to your complaint?**

**How have the events of this complaint affected you?**

**What outcome are you seeking from this complaint?** (such as apology, change of policy, investigation, other)

## Documents

Please give us copies (not the originals) of any documents that may help us to investigate your complaint (for example, any correspondence or records of conversations you have had with the area involved). Please submit with this form.

**Declaration**

**Person making complaint to complete**

I declare that:

- I have read, understood and accept the information provided in the Privacy Complaint Policy
- The information provided on this request form is correct and accurate
- I agree / do not agree to my information being released to the listed third party

Name	Signature	Date
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**OR**

**lifeAssist Representative –**

I declare that the person requesting information is known to me and that they have a right to access requested information.

Name	Signature	Date
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Position Title
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**Please return the completed and authorised form with required documents to:**

lifeAssist Privacy Officer

UnitingCare lifeAssist  
 Brandon Office Park  
 Building 5  
 530-540 Springvale Rd  
 Glen Waverley  
 Victoria 3150  
 Email: [people&culture@lifeassist.org.au](mailto:people&culture@lifeassist.org.au)  
 Phone: (03) 9239-2500

Administration Record	
Initial Request Received at lifeAssist	<ul style="list-style-type: none"> <li>• Date:</li> <li>• Request Type</li> <li>• Name::</li> <li>• Contact No:</li> </ul>
Request Acknowledged	<ul style="list-style-type: none"> <li>• Date</li> <li>• Method: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter</li> <li>• Name of person sending acknowledgement</li> </ul>
Information sent to requester <ul style="list-style-type: none"> <li>• Guidelines &amp; Request For Access to Information</li> <li>• Form: Request for Information</li> </ul>	<ul style="list-style-type: none"> <li>• Date:</li> <li>• Name:</li> <li>• Relationship:</li> <li>• Details:</li> <li>• Transmission Type:</li> <li>• Contact No:</li> </ul>
Form: Request for Information returned	<ul style="list-style-type: none"> <li>• Date returned:</li> <li>• Name of Person returning Document:</li> <li>• Relationship:</li> <li>• Contact No:</li> <li>• Transmission Type:</li> <li>• Date receipt of document acknowledged:</li> <li>• Person responsible:</li> </ul>