



Privacy Complaint Form

This form is to assist you in making a complaint to I-MED Radiology Network Limited or an associated entity (collectively I-MED) about the handling of personal information, including sensitive (health) information, as those terms are defined in the Privacy Act 1988 (Cth) (Privacy Act).

The Privacy Act requires that, generally, the person complaining must first complain to the organisation involved (in this case I-MED) before a complaint can be made to the Office of the Australian Privacy Commissioner.

For the protection of everyone's privacy, we can accept only complaints made by the persons involved or an authorised representative. Therefore, if you wish to complain on behalf of another person, please provide proof of authority to do so.

To assist the Complaint Handling Process, it is important that all the required information is legible. If more space is required, please attach additional pages.

Collection notice

We will use the information you provide on this form to investigate and conciliate your privacy complaint against I-MED. We will only disclose the information you give us to those areas within I-MED that may have information relevant to your complaint, and to our technical and legal advisors as needed. A reasonable time should be allowed for a response (generally 30 days). In the event of a challenge to the decision made by I-MED, we may be required to disclose this information to a regulatory authority, such as the Office of the Australian Privacy Commissioner, or to an Australian court or tribunal. While use of this form is optional, we may not be able to process your complaint if you do not provide the information requested on this form.

Please see our Privacy Statement – [Your Privacy](#) on our website at www.i-med.com.au/privacy for further information about our complaints handling procedures, and your right to access and correct personal information that we hold about you.

ABOUT YOU

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

If you are complaining on behalf of someone else

Name of that person: _____

Your relationship to that person (eg. authorised representative): _____

Please provide proof of your authorisation – ie written authorisation by the individual wishing to make the complaint. Please submit with this form.

WHAT/WHO IS YOUR COMPLAINT ABOUT?

Please provide all the information you think is relevant to your complaint.

I am complaining about the handling of my personal information by: _____

(insert name of I-MED clinic/office)

What was the nature of your involvement with I-MED at this time:



YOUR COMPLAINT

How do you believe that your privacy has been breached?: _____

Please describe briefly how, in your view, your privacy has been breached:

What happened, where did it happen, when did it happen, who did it and what personal information was involved?
Please provide as many details as you can recall.

What impact has this had on you?

What outcome would you like to see from this complaint?

DOCUMENTS

Please submit with this form copies (not 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 I-MED department involved).

Please sign and date this form.

Signature: _____ Date: ____ / ____ / ____

RETURN THIS FORM:

By post:

Post the completed form marked **“Private and confidential”** to:

I-MED Radiology Network
Privacy Officer (Company Secretary)
REPLY PAID 87289
Sydney NSW 2001

By email:

Scan and submit by email with attachments to: privacy@i-med.com.au

For assistance with this form, please contact the I-MED Privacy Officer (Company Secretary) on **(02) 8274 1000** or privacy@i-med.com.au