

Amendment of Personal & Health Information Form

Privacy and Personal Information Protection Act 1998

Health Records and Information Privacy Act 2002



Please complete this form to request an amendment to your personal information under the *Privacy and Personal Information Protection Act 1998 (PPIP Act)* and/or health information under the *Health Records and Information Privacy Act 2002 (HRIP Act)*. If you require assistance in filling out this form, please contact Sydney Water's Privacy Team by calling 13 20 92 or email privacy@sydneywater.com.au

APPLICANT'S DETAILS

Title:	First name:	Surname:
Postal address:		
	State:	Postcode:
Email address:	Mobile Number:	
<input type="checkbox"/> I agree to receive correspondence at the above email address		

AUTHORISED REPRESENTATIVE

If you are completing this form on behalf of someone else, please attach evidence of your relationship and authorisation to do so.

Title:	First name:	Surname:
Organisation name (if applicable):		
Relationship to Applicant, on whose behalf you are acting:		
Postal address:		
	State:	Postcode:
Email address:	Mobile Number:	
<input type="checkbox"/> I agree to receive correspondence at the above email address		

PROOF OF IDENTITY

When seeking an amendment to your own personal information, we will need to establish your identity beforehand. This requirement will be met by providing a copy of one of the following:

- Australian Driver Licence Current Australian Passport Other photo identification

If you are completing this form on behalf of someone else, please attach evidence of your authorisation to do so.

DETAILS OF AMENDMENT REQUESTED

<input type="checkbox"/> I am seeking amendment of my own personal information under PPIP Act
<input type="checkbox"/> I am seeking amendment of my own health information under HRIP Act
<input type="checkbox"/> I am seeking amendment to personal and/or health information on behalf of another person

Please provide sufficient detail in the box below of the amendment/s required to information held by Sydney Water

PRIVACY COLLECTION NOTICE

Sydney Water is collecting your personal information to process your application for information pursuant to section 15 of PPIP Act and Health Privacy Principle 8 of HRIP Act.

If you are the authorised representative, we will collect your personal information for the purposes of determining your relationship to the applicant.

The provision of personal information is voluntary, however if you do not provide it, we may not be able to process your application. Your information will be held and used by Sydney Water for the purpose of contacting you and processing your application. We will destroy your identification document once we verify you. Sydney Water will not disclose your personal information without your consent, unless authorised by law to do so.

Sydney Water is required to collect personal information directly from you unless you have authorised collection of the information from your representative. For further information refer to our Privacy Policy available on our website.

Insert your digital signature below. Alternatively, print this form, sign and scan then send it via email. I acknowledge that the information provided on this application form and any supporting information is accurate to the best of my knowledge.

Applicant's Signature:

Date

LODGMET DETAILS

Your internal review application can be lodged by sending this completed form, together with any supporting documentation by:

Email to: privacy@sydneywater.com.au