



MIND & BODY CARE INTEGRATIVE MEDICAL CENTRE

Personal Information Access Request Form

Please complete this form to request access to personal information held about you. Please note that a fee of up to \$100 may apply to process your request. Fields marked with an asterisk (*) are mandatory.

Title _____ First Name* _____ Middle name/s _____ Surname * _____

Date of birth* _____ Contact phone number* _____

Address* (information will be mailed to this address)

***Detail:** Please provide specific details of the personal information that you would like to obtain.

Please note that in some circumstances in accordance with the Australian Privacy Principle 12.3, we may decline to release information and reports, but we will not do so unreasonably. In circumstances where we decline to release information, we will provide reason/s in writing and you have the right to request a review of our decision by contacting us.

Signature

Date

****Please provide a photocopy of your driver's license or other photo identification as proof of identity****

Once completed: Mail Mind & Body Care Integrative Medical Centre

65 High Street Elmhurst Vic 3469

Email welcome@mindandbodycare.com.au

What happens next? You will be contacted by the person who will be collating your personal information. They will advise of any fees that may be applicable and the expected timeframe to provide access to your information.

If you have a query: To discuss any aspect of your request, please contact us on (03) 5354 8431.