

Privacy Information Request

Please complete this form and mail or fax it to:

The Privacy Officer
VMIA
PO Box 18409
Collins Street East
MELBOURNE VIC 8003

Facsimile: 03 9270 6949

To allow us to contact you, please complete the following information:

First Name		Surname	
Business Name			
Email			
Telephone	BH		AH
Other relevant details, eg policy number and type; claim number			

To allow us to understand the nature of your request, complete the following:

- I want to correct incorrect personal information you hold on me
- I want to access my personal information
- I want to make a complaint about the handling of privacy by the VMIA
- I want more information about the VMIA's practices on handling and management of personal and health information
- I want to opt out of receiving any VMIA publications
- Other: _____

Please clarify your request below:

Please identify if your request is urgent and the reason for the urgency. In most cases we will be able to contact you within 5 business days to either provide you with an answer or explain what we are doing in relation to your request. We may need to apply a charge for the costs of providing access to information in certain situations. We will let you know what this is before we provide access.

Name: _____

Signed: _____ Date: _____