

Healthway Privacy Complaint Handling Procedure and Form



1. Purpose

Healthway is dedicated to protecting personal information and confidentiality under the Privacy Act 1988. We collect and manage personal data to conduct and distribute grants and fulfill our statutory functions. Each year, we interact with customers through multiple channels, often involving the collection of personal details. Our privacy complaints process is designed to be efficient, transparent and effective.

This document explains Healthway's procedures for managing privacy complaints and concerns raised about how we handle personal information under the Privacy Act. It does not cover requests for access or correction of personal information.

2. Making a privacy complaint

2.1 What should I do before making a privacy complaint?

Healthway can only investigate privacy complaints in relation to its own actions. Please ensure your complaint falls within the scope of the Privacy Complaint Handling Procedure and the Information Privacy Principles (IPPs) under the [Privacy and Responsible Information Sharing Act 2024](#).

To protect everyone's privacy, Healthway only accepts complaints from the individual affected or their authorised representative. If you're submitting a complaint on someone's behalf, please include proof of authority.

2.2 How do I make a privacy complaint?

If you consider that Healthway has not managed your personal information in accordance with the Privacy and Responsible Information Sharing Act, you may lodge a privacy complaint with the Privacy Officer.

Complaints may be submitted through one of the following channels:

Post	Att: Privacy Officer Lotterywest Locked Bag 66 SUBIACO WA 6904
Email	Privacy@Healthway.wa.gov.au
In person	Healthway Level 2/ 38 Station Street SUBIACO WA 6008 Opening hours: 8:30am – 5:00pm Monday to Friday.

2.3 What to include in my privacy complaint?

To enable Healthway to respond to your privacy complaint effectively and efficiently, please ensure your submission includes sufficient detail to clearly outline the nature of your complaint and the outcome you are seeking. The following steps are provided to guide you in presenting the necessary information:



1. What happened?



4. How and when you found out about it?



2. When did it happen?



5. What impact has it had?



3. What personal information of yours was affected?



6. What outcomes are you seeking?

2.3.1 Anonymous complaints

Healthway will accept anonymous complaints. However, if we do not know your identity, it may not be possible to properly investigate or respond to your complaint. An example of where an anonymous complaint would be investigated is where an alleged breach involved the privacy of multiple individuals.

2.4 How long will Lotterywest take to respond to my complaint?

Healthway will acknowledge your privacy complaint within 5 business days of the complaint being received.

The time it takes Healthway to investigate and respond to a privacy complaint varies depending on the nature and complexity of the issue. However, Healthway aims to provide a written outcome within 30 business days.

If more time is needed, you will be notified accordingly.

2.5 What happens if I'm not satisfied with Lotterywest's response?

If you're not satisfied with Healthway's response to your privacy complaint, you can submit a written complaint to the Office of the Information Commissioner (OIC).

Visit the [OIC website](#) for details.

3. Privacy Complaint Form

First name

Surname

Address

Postcode

Phone

Email

Tick this box if you do not want to provide your personal details.

4. Details of the complaint

Please describe how you believe your privacy has been breached and provide sufficient detail to enable Healthway to appropriately investigate your complaint.

Please tick which of the following describes your complaint:

(you may tick more than one option)

Collection of my personal information

Security or storage of my personal information

Refusal to let me access or find out about my own personal information

Use of my personal information

Disclosure of my personal information

Other

Unsure

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What happened

When it happened

(Include date)

What personal information of yours was affected

How and when you found out about it

What impact has this had

5. Resolution

What outcome are you seeking

6. Documents

Please attach copies of any documents you consider may assist Healthway assess your privacy complaint.

I declare to the best of my knowledge, the information I have supplied on this form is true and correct.

Signature

Date

Collection notice: Healthway collects this information to investigate your privacy complaint. Providing personal information is optional; however, if you choose not to provide it, Healthway may be unable to properly investigate the complaint. Your information may be shared with the WA Information Commissioner if the matter is escalated.

Personal information is handled in accordance with our [Privacy Policy](#), available on the Healthway website. To access your information or ask questions about how it is handled, please email Privacy@Healthwaywa.gov.au.

Healthway

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