

# Application for a review of an FOI decision



## Freedom of Information review form

You can request the National Health Practitioner Privacy Commissioner review a Freedom of Information (FOI) decision made by:

- the Australian Health Practitioner Regulation Agency (Ahpra)
- Ahpra's Agency Management Committee
- any of the 15 National Boards.

We cannot review FOI decisions made by:

- an Australian government agency or Australian minister
- a state, territory or local government agency.

## Before you make an application

### Are you within the time limits to request a review?

There are time limits for requesting a review of a FOI decision.

Type of decision	Timeframe for making an application for a review
Give another individual or organisation access to a document	30 days
Refuse access to a document	60 days
Refuse to correct a document	60 days

If you would like to apply for a review outside of these timeframes, you will need to request an extension of time to make your application. Contact us to discuss this or download the extension of time form from our website: [www.nhpo.gov.au](http://www.nhpo.gov.au).

### Have you raised your concerns about the decision with Ahpra?

You can request that Ahpra conduct an internal review of their FOI decision before contacting us. This is often a faster and easier way to receive a fresh decision or to resolve concerns. Contact Ahpra on 1300 419 495 or via at [email](mailto:foi@ahpra.gov.au) <foi@ahpra.gov.au>. If Ahpra does not provide its internal review decision to you within 30 days or if you are not happy with the internal review decision, please contact us.

## How to complete this form and apply for a review

We have designed this form to be accessible for as many people as possible. Where the form offers a choice between multiple options, please indicate your selection with an 'x'. The form will guide you to make a valid application for a review.

By law, an application for a review must:

- be made in writing
- include an address (physical or electronic) to which notices may be sent
- include a copy of the decision you want reviewed.

If you need assistance to prepare your application, you are welcome to contact us by post, email or phone.

## About you

We are unable to accept anonymous applications for a review of a FOI decision. Please only provide information that you would like us to use when contacting you.

## Your contact details

This section is for your own contact details. If you would like to nominate another person or organisation to act on your behalf, you will be given an opportunity to enter their contact details later.

Mr		Miss		Ms		Mrs		Dr		Professor		Mx		Other	
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If Other, please specify	
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Full name	
Mailing address	
Contact number/s	
Email address	

## Do you require a translating and interpreting service?

Yes		No	
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If Yes, please specify the language	
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## How would you prefer us to contact you?

Phone		Email		Post		Other	
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If Other, please specify	
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## Are any of the following scenarios applicable to you?

I wish to nominate a person to act on my behalf	
I wish to nominate an organisation to act on my behalf	
I am acting on behalf of an organisation	
I am acting on behalf of another person	

If you selected one of these options, please continue below.

If none of these are applicable to you, please go to ['FOI decision you would like reviewed'](#).

## Alternative contact details

If you have indicated that another person or organisation is relevant to this matter, please enter their contact details.

Mr		Miss		Ms		Mrs		Dr		Professor		Mx		Other	
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If Other, please specify	
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Full name	
Mailing address	
Contact number	
Email address	

## What is the nature of the relationship between you?

Please specify	
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## Do they require a translating and interpreting service?

Yes		No	
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If yes, please specify the language	
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## FOI decision you would like reviewed

You may wish to request Ahpra first review its FOI decision. If you have you not done this, please see [‘Have you raised your concerns with Ahpra?’](#).

### About the FOI decision

What is the date on the decision letter for the FOI decision?

Date (dd/mm/yyyy)	
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What date did you receive the decision letter?

Date (dd/mm/yyyy)	
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If you have not yet received the FOI decision, when is it due?

Date (dd/mm/yyyy)	
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Please attach a copy of the decision you would like reviewed. You may also wish to attach a copy of your FOI request and if applicable, your internal review request.

If you have not applied for an internal review of this decision by Ahpra, please let us know why.

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### Please indicate why you are applying for review

I have been refused access to documents or parts of documents I have requested	
My access to the documents I requested has been deferred	
My request for correction of my personal information has been refused	
Information about me or my business has been released	

We also accept complaints to the National Health Practitioner Ombudsman about how Ahpra has handled an FOI request. You may wish to make a complaint to the Ombudsman if you believe:

- you have not been provided with a decision by the due date
- you have been charged incorrectly
- you have not received the documents you have been granted access to
- a qualified person has been granted access, but you have not
- your request for an extension of time to ask for an internal review has been refused.

Please contact us or find out more about making a complaint to the Ombudsman on our [website](http://www.nhpo.gov.au) <www.nhpo.gov.au>.

## Please share any further information

Please provide us with any additional information about why you dispute the FOI decision that has been made. You may wish to include:

- why you are seeking access to the document or information
- the reasons why you dispute the decision
- whether you only need the decision reviewed in relation to a specific document or documents.

Please attach a copy of any other relevant information to support your application.

How would you like your FOI review application to be resolved? Please be as specific as possible about what outcome or information you want. For example, 'I would like to be provided with the practitioner's response to my notification'.

### How did you hear about our office?

Internet search	
Media coverage	
Referred by friend/family	
Previously contacted our office	
Referred by Ahpra	
Referred by another health complaints entity	
Referred by MP or Government Department	
Other	

If Other, please specify	
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### Privacy statement

Our office collects, holds, uses and discloses personal information when carrying out functions under the Health Practitioner Regulation National Law (as in force in all states and territories of Australia), the *Ombudsman Act 1976* (Cwlth), the *Privacy Act 1988* (Cwlth) and the *Freedom of Information Act 1982* (Cwlth).

Once any personal information comes into our possession, we take reasonable steps to protect that information from unauthorised or inappropriate access, use, modification, disclosure, or other interferences.

Personal information will only be used for the intended purpose. We will usually disclose the information you give to us to Ahpra and/or the relevant National Health Practitioner Board and, if necessary, to others who have information relevant to your matter. We may also collect your personal information from other people or organisations when handling your matter.

More information can be found in our Privacy Policy, available at our [website](http://www.nhpo.gov.au) <www.nhpo.gov.au>.

## Publication of Decisions

If your application for review requires the Commissioner to make a decision in writing either affirming, varying or setting aside the agency’s FOI decision and making a decision in substitution of that decision, the Commissioner must publicly publish a de-identified copy of the decision. The Commissioner’s review decision will be published on our [website](http://www.nhpo.gov.au) at <www.nhpo.gov.au>. To protect your privacy any identifying personal information is removed from all publicly available decisions.

## Declaration, acknowledgement and consent

I declare that all the information I have provided in this form is true and correct.

I acknowledge that I must advise the office of the National Health Practitioner Ombudsman (NHPO) if my circumstances change and update the office with any details that are relevant to my application.

I authorise the NHPO to share information about this matter with Ahpra and/or the relevant National Board, and I confirm my consent for the NHPO to send copies of correspondence to Ahpra and/or the relevant National Board about my matter.

I confirm that I have read the privacy statement for this form and I understand that information about the NHPO’s Privacy Policy is available at our [website](http://www.nhpo.gov.au) <www.nhpo.gov.au>.

Signature	
Full name	
Date	

To receive this document in another format phone 1300 795 265, using the National Relay Service 13 36 77 if required, or [email](mailto:foi@nhpo.gov.au) our FOI team, <foi@nhpo.gov.au>.

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[National Health Practitioner Ombudsman website](https://nhpo.gov.au) <https://nhpo.gov.au>

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