# Request for an Internal Review of a Decision

You can use this form when you have undergone an aged care needs assessment and received a Notice of Decision setting out your eligibility for aged care services under the Aged Care Act 2024 (the Act) and:

- you do not agree with the decision and would like to seek a review; or
- you are a registered supporter for an older person who does not agree with the decision, and they have requested your assistance to seek a review.
- this request is within 28 days of the date you were notified of the original decision
- the decision is one that is reviewable under the Act

## How to use this form:

If you are the **applicant,** complete **Part A, Part B** and **Part C**.

## How do I return this form to the Department of Health, Disability and Ageing?

There are a few ways you can return this form:

**Email**: agedcarereviews@health.gov.au

**Mail**: Review of Decisions Section, Regulatory Systems, Safeguards and Reviews Branch, Department of Health, Disability and Ageing, GPO Box 9848, Adelaide SA 5001 - www.health.gov.au

You can also ask for a review by contacting the Department in writing in any of the ways listed above. You do not need to complete this form to ask for a review of a decision.

Once your review request is received, the Department aims to send an acknowledgment letter within **14 days.**

## Part A: Person's details

Please complete **Part A** with the details of the applicant:

| | |
|---|---|
| Full name | |
| Date of birth | |
| AC Number (if known) | |
| Preferred contact details<br>(phone number, email address, etc.) | |

## Part B: Information about your request

Please complete **Part B** to provide more information about your request.

| | |
|---|---|
| What **decision** do you want to review? | |
| What date is on your Notice of Decision?<br><br>Requests for review should be submitted within **28 days** of the date you were notified of the original decision. | |
| What decision do you think is required to appropriately meet your aged care needs? | |

| | |
|---|---|
| Has your **situation changed** since the decision was made? If so, how? | |
| Do you have **new information**, such as medical reports you would like the Department to consider? If so - please provide with this form. | |
| **Why** do you think the Department should make a different decision? | |
| Please provide **contact details** for any third parties that you consent to the Department to contact for additional information. (e.g. general practitioner, support at home case manager, allied health practitioners etc.) | |

## Part C: Your declaration

I confirm that the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence
- this information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.

| | |
|---|---|
| Full name | |
| Signature | |
| Date | |

| | |
|---|---|
| If you are lodging this on behalf of an older person, are you listed as a registered supporter? | **YES:** ○<br>**NO:** ◉ |
| If so, is the older person aware that you have lodged this request on their behalf, and can you confirm that you are acting in line with their will and preferences? | **YES:** ○<br>**NO:** ◉ |
| Note, if you answer no to either of these questions, then your request for review may be rejected as you do not have the necessary legal standing **to lodge a request for review.** | |

## Privacy Notice

Your personal information is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles (**APPs**).

### Who is collecting your personal information?

Your personal information is being collected by the Department of Health, Disability and Ageing (**the department/ we**).

### Is the collection authorised or required by law?

The collection of this information is authorised under the Aged Care Act 2024.

### Why does the department collect your personal information?

We collect your personal information for the purpose of reviewing decisions related to aged care.

### What would happen if the department did not collect your personal information?

If you do not or are unable to provide your personal information the department will be unable to review your request for an internal review of decision.

### Access to and correction of your personal information

The department's privacy policy contains information about how you may access and seek correction of your personal information.

### Privacy complaints

The department's privacy policy contains information about how you may complain about a breach of the Australian Privacy Principles or the *Australian Government Agencies Privacy Code* and how the department will deal with complaints.

### Overseas disclosure of your personal information

We will not disclose your personal information to any overseas recipients.

### Further information

You can read the department's privacy policy here. You can obtain a copy of the APP privacy policy by contacting the department using the contact details set out at the end of this notice.

## Consent

By providing your sensitive information to us, you consent to the Department of Health, Disability and Ageing collecting information about your circumstances for the purposes indicated above.

## Contact details

If you wish to contact the department about a privacy-related matter, including questions about this notice, please contact the department's Privacy Officer by one of the following methods:

- **Post**
  Privacy Officer
  Department of Health, Disability and Ageing
  23 Furzer Street
  WODEN ACT  2606

- **Email**
  privacy@health.gov.au

- **Telephone**
  02 6289 1555