



Agent – personal information collection notice

22 May 2024

We, the Department of Health and Aged Care (**the Department**), run the National Occupational Respiratory Disease Registry (**National Registry**) for the Commonwealth Government.

The National Registry holds details on individuals with occupational respiratory diseases. The main purpose of the National Registry is to prevent further worker exposure to hazardous agents that cause occupational respiratory diseases. Hazardous agents include dusts, gases, fumes, vapours, mists, fungi and fibres.

By signing the consent form below, you are agreeing to the Department collecting your personal information from the physician that is requesting you to access the National Registry for them.

The law provides protections on the collection, use and sharing of your personal information. The legal protections include the *Privacy Act 1988* (**Privacy Act**) and the Australian Privacy Principles (**APPs**). If you no longer require access to the physician portal, please notify the National Registry help desk at 1300 293 202 or helpdesk@NORDR.au.

Why is my personal information needed?

We collect personal information under the *National Occupational Respiratory Disease Registry Act 2023* about people that access the National Registry.

A physician who is notifying the National Registry may nominate an agent to act on their behalf. Before you are invited by a physician to act on their behalf, the physician first needs your consent to enter your personal information into the National Registry.

Once your personal information is entered into the National Registry, the Department needs to check your identity and send you an invitation to allow you to access the National Registry on behalf of your nominating physician. We may also contact you about the updates you make to the National Registry.

Further information about the role of an agent can be found in the physician agent user guide, published here <https://www.health.gov.au/our-work/nordr/physicians>.

What personal information do we need?

We need the following personal information about you:

- your name, work email address and work phone number, and
- your myGovID email address to check your identity.

After signing, please return this form to the relevant nominating physician.

Who will we share your information with?

We share your personal information with:

- the physician on whose behalf you are acting,
- the Department's subcontractors that work on the National Registry, or
- where authorised or required by law.

We are unlikely to share your personal information outside of Australia.

What happens if I don't supply my personal information?

If you do not supply your personal information you will not be able to access the National Registry.

How safe will my information be?

Under the Privacy Act, we must take reasonable steps to protect your personal information. This includes the secure storage of your personal information.

How can I correct my personal information?

Guidance on how to have your personal information corrected is provided in the physician agent user guide found here <https://www.health.gov.au/our-work/nordr/physicians>.

However, if you require further assistance please contact the National Registry help desk at 1300 293 202 or helpdesk@NORDR.au.

Our privacy policy

You can get more information about the handling of your personal information on our website using the link <https://www.health.gov.au/resources/publications/privacy-policy>. Our privacy policy includes information on how to access your personal information.

If you wish to complain about the handling of your personal information, you can also contact the Department directly:

- by telephone: 02 6289 1555 or freecall 1800 020 103, or
- you can email us: privacy@health.gov.au.

Consent

I consent to *(please check the box to give your consent)*

the Department collecting my personal information from the physician nominating me to act as their agent for the purposes set out in the above collection notice.

.....
SIGNATURE

.....
FULL NAME

.....
DATE SIGNED

After signing, please return this form to the relevant nominating physician.