

Complaint Form

Submission ID: 7051

Is this complaint about a health care service provided within NSW?

Yes

Is this complaint about a health service you received or another person received?

Another person

Are you making this complaint on behalf of an organisation?

Yes

If you are making this complaint on behalf of an organisation, please specify the name

Australian Automotive Group Pty Ltd

In order to assess your complaint the Commission needs to provide a copy of the complaint to the provider so that they can respond, unless there are exceptional circumstances.

My Details

Person Details

Title	Mr
First Name	David
Middle Name	
Last Name	Berlusconi
Date of Birth	
Gender	

Address Details

Unit/House Number	
Street Name	60 O'Riordan Street
City/Suburb/Town	ALEXANDRIA
State	NSW
Post Code	2015

Contact Details

My preferred Contact Method is	Email
Mobile	
Daytime Phone	
Preferred time	
Email	dberlusconi@aag.com.au

Ensuring our services meet your needs

How did you hear about us

Do you identify as Aboriginal or Torres Strait Islander descent	No
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Your country of Birth	Australia
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If you need an interpreter, please specify your language	
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Do you have a disability or other needs that the commission should be aware of? If yes, please specify	
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Have you contacted the HCCC before about this complaint or any other matter?	Yes
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If yes, please provide the case number (if known)	
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Patient Details

What is the person's relationship to you?	Other
Has this person asked you to make this complaint?	No

Person Details

Title	Ms
First Name	Samantha
Middle Name	
Last Name	Parsonage
Date of Birth	
Gender	Female

Address Details

Apartment/unit/house number	
Street Name	
Country of Birth	
State	NSW
City/Suburb/Town	
Post Code	

Contact Details

Mobile	
Daytime Phone	
Email	

If the person needs an interpreter, please specify the language

Is the person a child? No

Is the person deceased? No

Does this person identify as Aboriginal or Torres Strait Islander? Not Known

Provider Details

Please complete this section about the person or organisation that has delivered the health service.

Please provide as much detail as you can to assist us in identifying the correct providers

I want to complain about:

Organisation/Individual	Individual
Is this person a student?	No
AHPRA registration number (if known)	
Title	Dr
First Name	Mahyar
Middle Name	
Last Name	Amjadi
Gender	Male
Type of health service provider(for example doctor, practice nurse, dentist, hospital)	To be determined
Where was the service delivered?	EdgeCliff
Please add provider's details below:	
Street number	
Street Name	
City/Suburb/Town	
Post Code	
Mobile	
Business Phone	
Email	
Have you tried to resolve this complaint with the health	No

service provider

Complaint Details

What are the issues you are complaining about?

Professional conduct, Reports/certificates

Please select the specific issue under the selected category

Accuracy of report/certificate, Competence

Please provide a summary of your complaint. It is useful to include what happened, when it happened, who was involved and any person who witnessed or has knowledge about what occurred. Please also attach any relevant documents you have. If you require guidance to complete this section, the HCCC can provide advice by telephone on 9219 7444.

On or around 18 December our organisation had an employee named "Andrew Donaldson". Andrew's spouse was the patient in question. Her name was Samantha Parsonage of 43 Stephan Street, Hornsby NSW 2077.

Ms Parsonage underwent elective surgery for a abdominoplasty (tummy tuck) and the Specialist Plastic Surgeon provided our employee a medical certificate stating our employee (Andrew Donaldson) was unfit for work for a period of 2 weeks over Christmas, as he was required to care for his partner (Ms Parsonage). When requested, the Plastic Surgeon confirmed this was due to an illness or injury. Our employee cancelled his annual leave and then applied for carers leave accordingly (which was granted in accordance with law).

As the Surgeon clarified this medical condition being one caused by a illness and/or injury, this has now led to an ongoing legal dispute which is ongoing.

The employee confirmed this tummy tuck was voluntary in nature and not due to any pre-existing medical illness or injury which was later confirmed again. Any injury caused to the patient as per the medical certificate, was caused by the surgery the Plastic Surgeon undertook causing us loss. In the event, this is not the case, then the medical certificate provided was incorrect. In any event, this was clearly misconduct.

What would you like to happen as a result of your complaint?

Action to keep the public safe, An explanation from the practitioner, Disciplinary action, Policy/process change

I have approached another organisation about my complaint

No

Attach supporting information such as letters, reports, photos, invoices

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Consent And Authorization

Do you consent to the Commission sharing this information with the providers ?

Yes

The Commission may need to access your personal health information to assess your complaint.

I hold a third party relationship to the person who received the service/treatment about which the complaint has been made.

I acknowledge that if I do not provide a consent form signed by the person who received the treatment, then the Commission may not be able to provide me with any further information regarding the assessment or outcome of this complaint. Please provide a signed copy of the consent form via email: hccc@hccc.nsw.gov.au. Or postal address: Health Care Complaints Commission, LMB 18, STRAWBERRY HILLS, NSW 2012 within 10 days of the submission of your complaint. The consent form can be downloaded by clicking [here](#) to download the form.

Please note if the Commission does not receive the signed consent form we will still be able to assess the complaint, however we may not be able to provide you with details of any information obtained during the assessment process or reasoning for the final assessment decision.

Please ensure you have attached any document(s), under the complaint details tab, that need to be considered with your complaint.