



### External Services (and Persons) Privacy Consent Form

This form is based on the Australian Privacy Principles (APP), as set out in the *Privacy Act 1988* (Cth) and the *Privacy Amendment (enhancing Privacy Protection) Act 2012* (Cth).

I, \_\_\_\_\_ (the resident or representative), authorise Orana Gardens Ltd to release the following information to nominated service / persons as per my request:

Service or Individual	Type of Information to be released	Date of Consent	Resident or Representative Signature	Date Consent Withdrawn	Resident or Representative Signature

**Resident Consent and able to Sign**

Resident Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Resident Consents but is unable to Sign**

The resident has verbally requested that the information listed as above be released to the services/ persons listed. The resident is unable to sign due to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name of Person obtaining consent:** \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_



I \_\_\_\_\_ (resident name) would like to continue to authorise Orana Gardens Ltd to release the information listed on this form to nominated services/persons as listed above.

**Resident Consent and able to Sign**

Resident Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Resident Consents but is unable to Sign**

The resident has verbally requested that the information listed as above be released to the

services/persons listed. The resident is unable to sign due to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person obtaining consent: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_\_