



RESIDENT PRIVACY AGREEMENT

Resident Name:		Date of Birth:	
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THIS FORM REPRESENTS A CONSENT FORM TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION FOR THE PURPOSE OF PROVIDING AGED CARE

The Australian Privacy Principles (APP), as set out in the *Privacy Act 1988* (Cth) and the *Privacy Amendment (enhancing Privacy Protection) Act 2012* (Cth).

Orana Gardens Ltd will collect personal information from you or your designated representative to provide you with the quality care/services outlined in your agreement with us. Personal information may include:

- Name
- Date of Birth
- Country of Birth and whether you are of Aboriginal and/or Torres Strait Islander origin
- Current address
- Next of Kin details
- Person responsible for customer, e.g. Power of Attorney, Enduring Power of Attorney, Guardian, Trustee, etc.
- Entitlement details including Medicare, Pension and health care fund
- Medical history
- Social history
- Clinical information including assessments and monitoring charts
- Care Plans
- Progress Notes
- Pathology results
- X-ray results
- Financial and Billing information including Income and Asset Notifications
- Accident and incident forms
- Medication Charts
- Aged Care Assessment Team records entered on the 'My Aged Care' system
- Agreements
- Nursing, medical and allied health information
- Photographs (for medical purposes such as medication administration)

The purpose of this form is to advise you that you may obtain access to the information we hold about you at any time. We also seek your consent to disclose the personal information we hold about you where appropriate to:

- Other Health Professionals
- Government Departments - as required by other Commonwealth and State legislation
- To the person you have designated as the "person responsible" for giving and accessing your information
- To the person(s) paying or guaranteeing payment of your account
- As required to any third party including external service providers, collection agencies and legal firms required to obtain payment of your account under this agreement
- Any of our partners / contactors that assist in your care needs.



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The potential consequences of not allowing us to collect and hold the required personal information are that we may be unable to:

- provide appropriate health care and health services and meet our legislated obligations
- meet the individual requirements of the resident

This consent applies to any information that I may provide subsequently in relation to the terms and conditions as noted below

- To include your birth date in our list to enable us to recognize /celebrate your birthday. Yes No
- To disclose sensitive information in the event of a medical emergency, to medical practitioners, paramedics or ambulance officers. Yes No
- To advise your Next of Kin (details as provided to us by yourself) of your condition if you are unwell or in the event of an emergency. Yes No
- Photographs for:
 - medical purposes Yes No
 - newsletters Yes No
 - Organisational marketing and social media Yes No

I, the undersigned, understand that I have been provided with this Resident Privacy Agreement and approve the collection and use of my personal information including sensitive health information from all practical sources including my family, doctor and hospital and consent to the collection and use of such information where necessary to meet my needs.

I also acknowledge that a copy of my resident agreement will be provided to any person guaranteeing and/or paying my accounts.

Signed at:	Date:
Name:	Witness Name:
Signature:	Witness Signature: