

PRIVACY COLLECTION STATEMENT

To be completed by patient

| | |
|-----------------------|-----------------------|
| Surname | MRN (Office use only) |
| Given name | |
| DOB/...../..... | |

**Please complete this form prior to admission
and post to PO Box 958 North Sydney NSW 2059 Australia
together with your Registration form and Patient Health Summary**

If you are unable to complete this form prior to admission and wish to discuss details relating to the use of your personal information, we are happy to discuss any queries at the time of your admission, or you may contact the Privacy Officer (*contact details below*).

For completion by all patients

1. Policy statement

Mater Hospital Sydney (MHS) must comply with all relevant Australian privacy legislation and is committed to protecting the privacy of the personal information and sensitive information which it collects and holds.

2. Collection and use of personal information

2.1 Types of personal information collected by MHS and how MHS uses your personal information:

MHS will collect and use your personal information to:

- (a) provide health care services and any ongoing related services to you;
- (b) appropriately manage our business, such as assessing insurance requirements and conducting audits;
- (c) assist us in running our health services business, including quality assurance programs, billing, improving its services, implementing appropriate security measures, conducting research and training personnel; and
- (d) effectively communicate with third parties, including Medicare Australia, private health insurers and Department of Veterans' Affairs.
- (e) Allow you to participate in a clinical trial or other research project provided you have provided consent of the use of your personal information for this purpose in accordance with relevant Australian Privacy legislation.

3. Disclosing your personal information

We may provide your personal information to:

- (a) third parties involved in your care, such as:
 - (i) pathologists and radiologists who have been asked to undertake diagnostic testing;
 - (ii) senior medical experts and specialists who have been asked to assist in diagnosis or treatment;
 - (iii) other health professionals involved in an individual's further treatment (such as physiotherapists and occupational therapists);
- (b) your general practitioner (for example, by providing discharge summaries);
- (c) government agencies, such as Defence or Department of Veterans Affairs, where an individual is receiving services with Mater Hospital Sydney under arrangements with those agencies;
- (d) government departments responsible for health, aged care and disability where Mater Hospital Sydney has a legal or contractual obligation to do so;
- (e) relatives, close friends, guardians (unless MHS have been told otherwise);



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3. Disclosing your personal information (continued)

- (f) third parties contracted to provide services to MHS, such as entities contracted to assist in accreditation or survey processes;
- (g) Ministers of religion associated with MHS so that an individual may receive religious support during admission;
- (h) any of the entities within St Vincent's Health Australia group;
- (i) research institutions with which MHS collaborates;
- (j) private health insurance providers and Medicare Australia. Where your private health insurer is located overseas we may need to provide your personal information to the private health insurer in the country in which it is located;
- (k) your employer and workers compensation insurers where you have consented to us corresponding with them such as in relation to workers compensation claim;
- (l) the motor accidents authority as required by law or where you have consented;
- (m) anyone authorised by you to receive your personal information (your consent may be express or implied);
- (n) anyone MHS is required by law to disclose your personal information to.

4. Your consent

I consent to MHS collecting, holding, using and disclosing my personal information (including health information and other sensitive information) as set out in this collection statement.

Name: Date:

Signature:

Relationship to Patient if signing as substitute decision maker:

5. Fundraising

With the generous support of donations MHS can continue to provide much needed services to the community.

Please tick the box below if you consent to MHS contacting you for fundraising purposes. There are no adverse consequences to you if you choose not to elect to provide this consent.

I CONSENT to MHS using and disclosing my details for the purposes of fundraising.

6. Further information

For matters concerning your privacy (e.g to obtain a copy of MHS privacy policy or to withdraw your consent to disclosing your details for fundraising or other purposes, please contact the MHS Privacy Officer on 02 9900 7486 or by visiting our website.

