

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

Policy statement

St Vincent's Private Hospitals Limited (Mater Hospital Sydney) is a valued based organisation committed to ensuring that your personal information is managed in accordance with the Australian Privacy Principles outlined in the Privacy Act 1988 (Cth) and relevant State Privacy Legislation. In order to provide you with health care services we need to collect, use and disclose your personal information.

Consent to the collection / use and disclosure of personal information

- I have read the Mater Hospital Sydney "Privacy and your Health Information" brochure and /or the Privacy Policy and understand my right to privacy and how my personal information will be used at the hospital.
- I understand that in order to provide me with health care services, the hospital needs to collect, use and disclose my personal information, as described in the documentation provided by the hospital.
- I understand that I can **clarify my consent** to the release of specific personal information, if necessary (unless the information forms part of the statutory requirements for the operation of the Mater Hospital Sydney) (*clarification to be documented overpage*).

Patient or Representative
Print name Signature Date

If Representative
Relationship to patient Print name Signature Date

(also complete) Fundraising consent

With the generous support of donations Mater Hospital Sydney can continue to provide much needed services to the community. Please indicate in the boxes provided if you consent to Mater Hospital Sydney contacting you for fundraising purposes. There are no adverse consequences to you if you choose not to elect to provide this consent.

- (Yes) I consent to the Mater Hospital using and disclosing my details for the purpose of fundraising.
- (No) I do not consent to the Mater Hospital using and disclosing my details for the purpose of fundraising.

Patient or Representative
Print name Signature Date

Further information regarding how the Mater Hospital Sydney collects, uses and discloses your personal information, can be found:

- in the 'Privacy and your Health Information' brochure
 - provided in your Admission pack
 - on the hospital website www.materhospital.com.au
- **Privacy policy on website www.materhospital.com.au**
Privacy policy also includes:
 - the ways in which you can access your personal information
 - seek correction of any inaccurate personal information
 - information about how you may complain about a breach of your privacy and how we deal with such complaint
- by contacting the **Mater Hospital Sydney Health Information Manager** (Privacy Officer) on (02) 9900 7539 or Deputy Health Information Manager (02) 9900 7486

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Clarification of the use of my personal information

I consent to the use of my personal information as described in the 'Privacy and your Health Information' brochure & Mater Hospital Sydney Privacy Policy

but wish to clarify the following details. I provide my consent for the hospital to:

- disclose personal information to my nominated General Practitioner (GP) to facilitate continuation of patient healthcare following discharge. Yes No
- provide practical training and education to medical, nursing and other allied health students. Yes No
- to disclose information to my nominated next of kin (person responsible, provided by me as part of my Registration details), in the event that I do not have the capacity to provide consent. Yes No
- provide Ministers of Religion, with sufficient details to enable them to visit me whilst I am a patient at the hospital Yes No
- notify me of special events and marketing activities undertaken by the hospital Yes No
- provide a member of the Return Services Organisation with sufficient details to enable them to visit me whilst I am a patient at the hospital Yes No
- contact me to seek my consent to participate in research projects to be undertaken at the hospital Yes No
- Assist the hospital in undertaking quality improvement activities, for example requesting that I complete a patient survey Yes No

Patient or Representative
Print name
Signature
Date

If Representative
Relationship to patient
Print name
Signature
Date

OR Irrespective of any request received, I direct you not to provide my personal information to:

Please specify name / details

Patient or Representative
Print name
Signature
Date

Witness (Hospital staff)
Print name
Signature
Date

