

CAA-F-05-03 Consent to Collect, Use and Disclose Personal Information Resident/Client

Resthaven Program/Location: _____

I, _____ (Resident/client full name)

consent to

do not consent to

Resthaven Inc. collecting, using and disclosing personal information about me from/to organisations related to the on-going provision of care, support and accommodation services that I am able to access through Resthaven Inc.

In signing this form, I also understand that:

- The information is collected and held by Resthaven Inc, a not-for-profit organisation, whose Head Office is located at 6 Bartley Crescent, Wayville SA 5034, and a full copy of their Privacy Policy is available to me on request.
- I, or my authorised representative, can access my personal information by making an application to Resthaven Inc, and if deemed inaccurate, it will be corrected.
- The primary purpose of collection of my personal information is to enable appropriate services to be provided to me by Resthaven Inc. or to the person for whom I am the authorised representative, and to comply with any law that requires the particular information to be collected. Personal information is also collected for accounting and billing purposes.
- Organisations external to Resthaven Inc that may receive my personal information include hospitals, doctors, pharmacists and their dispensaries, associated care providers, the Commonwealth Dept.of Human Services and Dept of Health, Financial Institutions and other organisations as required by law.
- I am able to refuse or limit permission for Resthaven Inc. to collect/disclose my personal information, but understand that this may impact on the range of services that Resthaven Inc. is able to offer me.
- From time to time Resthaven services feature in general marketing, promotion or the media, including photography and filming. This does not involve release of personal information unless specifically agreed to by me but may include promotion of a general nature.
- As a Public Benevolent Institution, from time to time, Resthaven undertakes fundraising and marketing activities and encourages donations but does not on-sell personal information to outside organisations.
- I may withdraw my consent at any time in writing and understand this may impact on the range of services that Resthaven Inc. is able offer.

Comments / Restrictions / Exemptions:

Signed: _____ **Date:** _____

NB: This form may be signed by another party where the applicant does not have capacity to understand the issues relating to consent due to cognitive impairment. In these circumstances, please complete the following:

Name of Signatory _____ Relationship to Applicant _____

ISSUE DATE: Apr 2018	LAST REVIEW: Apr 2018
REVISION No: 3.2	NEXT REVIEW: Dec 2020
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