

Surname
Given Name
D O B..... (Attach patient ID Label on Admission)

PRIVACY CONSENT / RIGHTS AND RESPONSIBILITIES ACKNOWLEDGMENT

(Patient to Complete)

PRIVACY CONSENT FORM

By signing and dating in the space below you are acknowledging receipt of our Privacy Policy on page 4 of this package and giving your consent to the collection and use of your personal information as described in that policy.

In addition, if you do not consent to your information being used in the manner described below, please cross out the choice, for example ~~cross out the choice~~.

- I consent to Hurstville Community Private Hospital providing information about my condition and treatment to my nominated next of kin.
- I consent to Hurstville Community Private Hospital providing my name and religion/denomination to visiting chaplains accredited with the facility.
- I consent to Hurstville Community Private Hospital providing my name to members of Returned Services organisations if appropriate.
- I consent to Hurstville Community Private Hospital sending me confidential surveys to obtain my feedback as to the quality of care I received during my stay.

*Signature of Patient / Person Responsible**: Date:

Name:

Irrespective of any request received, I direct you **NOT TO PROVIDE** my personal information to (please specify name / details):

.....
.....

Signature:..... Date:

Print full name:

RIGHTS AND RESPONSIBILITIES

By signing and dating in the space below you are acknowledging that you have read and understand the information we have provided about your Rights and Responsibilities on page 5 of this package.

*Signature of Patient / Person Responsible**: Date:.....

Name:

* Strike out what is not applicable.

** "Person Responsible" means a person defined as a "person responsible" under the Privacy Act 1988 (Amended) including the patient's partner, family member, carer, guardian, close friend, and a person exercising power under an Enduring Power of Attorney.