



CONDITIONS GOVERNING OCCUPANCY (CONT)

## Privacy Statement

It is now required by law, that a signature is obtained from the incoming resident or legal representative regarding personal information that can/cannot be given out when required.

I ..... or .....

Title .....

On behalf of .....

I ..... understand and agree to allow my personal information to be viewed and/or discussed with any authorised person according to the Health Services Act 1988. This will include authorised officers from the Department of Human Services and Community Visitors from the Community Visitors Program.

This may consist of some or all the information I have given to Bignold Park SRS upon entering this facility. I understand that it may include my Medicare, Private Health Fund Membership number or DVA number. I further understand that my personal medication requirements, any form of health issues and other needs may be given to an appropriate government or private organisation to be used when arranging outside or other activities/appointments or medical emergency.

I give my permission for Peter Lesuey, the Proprietor and the Personal Care Coordinator of Bignold Park SRS to use their discretion when giving out my information listed above and to inform me of information given and to whom.

However, **I DO NOT** give my permission for the management of Bignold Park to release the information I have listed below to anyone. This information will only be released upon personal authorisation (written or verbal) by the resident or their legal representative.

.....  
.....  
.....  
.....

Signed ..... Date .....

Title .....

Witness ..... Date.....