



Peninsula Palms

Aged and Community Services

Telephone (07) 3897 2800
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ACN 094 769 347
ABN 68 094 769 347

Peninsula Palms
Residential Care Facility
PO Box 487 Redcliffe Q 4020
77 Morris Road Rothwell Q 4022

Consent to Collect/Disclose Information

I, (full name), being a new applicant of, or an existing Resident of Peninsula Palms Aged and Community Services:

do give my permission

do not give my permission

for Peninsula Palms Aged and Community Services to collect and release personal information about me from/to organisations related to the on-going provision of assistance, care, accommodation and rehabilitation services that I am able to access through Peninsula Palms Aged and Community Services.

In signing this form, I also understand that:

- The information is collected and held by Peninsula Palms Aged and Community Services, a not-for-profit organisation, and a full copy of their Privacy Policy is available to me on request.
- I, or my appointed representative can access my personal information by making an application to Peninsula Palms Aged and Community Services, and if deemed inaccurate, will be corrected.
- The primary purpose of the collection of my personal information is to enable appropriate services to be provided to me by Peninsula Palms Aged and Community Services or to the person for whom I am the Carer, Next of Kin or Enduring/Medical Power of Attorney.
- Organisations external to Peninsula Palms Aged and Community Services that may receive my personal information includes hospitals, doctors, pharmacists and their dispensaries, associated care providers, the Federal Department of Health and Ageing and others as required by law. Financial institutions are involved only where Peninsula Palms Aged and Community Services collects fees for service by direct debit arrangements.
- If I refuse permission for Peninsula Palms Aged and Community Services to collect/disclose personal information, this may limit the services that Peninsula Palms Aged and Community Services can offer me.

Comments/Restrictions/Exemptions:

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Signed: Date:

NOTE: If this form has been signed by other than the applicant, the following needs to be completed:

Name of Agent: Relationship to the applicant:.....