



Somerset Health Privacy Statement

RESPECT AND COLLECTION OF PERSONAL INFORMATION

'Personal information' relates to any information *Somerset Health* may hold which is identifiable as being about you.

Somerset Health respects your right to privacy and is committed to safeguarding the privacy of our clients and website visitors. All personal information will be collected, stored, and shared only with consent and in accordance with the *Privacy Act 1988* (Commonwealth) and *Information Privacy Act 2009* (Commonwealth).

REASONS FOR COLLECTING AND USING YOUR INFORMATION

Somerset Health strives to provide a client-centred, holistic and evidence-based health service. To best support you in achieving your health goals and ensure best delivery of recommendations made as a result of *Somerset Health* input, discussion with other health and support workers in your care team is required. Having required information about your health 'story' enables *Somerset Health* to provide best services, including:

- incoming and outgoing correspondence including electronic mail.
- meeting minutes
- legal documents, Funding Agreements, acquittals, and reports and funding applications

EXCEPTIONS TO CONFIDENTIALITY OF MY PERSONAL INFORMATION

We may from time to time need to disclose personal information to comply with a legal requirement, such:

- ordered by the law, regulation, or court;
- required by a law enforcement agency;
- you or another person are at risk of serious injury or harm; or
- duty of care responsibilities.

By providing us with personal information, you consent to the terms of *Somerset Health's* Privacy Policy and the types of disclosure covered by this Policy. This Policy can be found on *Somerset Health's* website on somersehealth.com.au.

Where we disclose your personal information to third parties if not law enforced, we will request client consent first and request that the third party follow this Policy regarding handling your personal information.



SIGNING THE 'CONSENT TO SHARE AND RELEASE PERSONAL INFORMATION' FORM

Signing the 'Consent to Share and Release Personal Information' form means you understand this Privacy Statement and details within the consent form. This meaning, you accept sharing of information about your medical condition/s, medical history, medications and any relevant information required for *Somerset Health* to carry their services out effectively, in line with your identified health goals.



CONSENT TO SHARE AND RELEASE PERSONAL INFORMATION

CLIENT DETAILS:

Title:	
Sex:	☐ Female ☐ Male ☐ Other
Full Name:	
Other Previous Name/s:	
Date of Birth:	
Address:	
GP or Health Clinic:	

WHO DO YOU CONSENT TO SHARE INFORMATION WITH:

Allied Health Practitioners (current or previous):	☐ <i>Please specify who:</i>
Medical Health Specialists:	☐ <i>Please specify who:</i>
Insurer / Funder (e.g. NDIA):	☐
NDIS Support Coordinator:	☐
Family:	☐



Community Support Services:	☐
Public Guardian and/or Trustee:	☐ public guardian ☐ public trustee ☐ both
Disability advocate:	☐
Other:	☐ <i>Please specify who:</i>

PHOTOS AND VIDEO CONSENT

To be used for therapy programs, reporting, liaison with other specialists, or prescription and set-up of AT/equipment

Photos:	☐
Videos:	☐

By completing this consent form, you accept the following:

- ☐ I have read the *Somerset Health* Privacy Statement.
- ☐ I am aware of my right to access my personal information at any time.
- ☐ I have the right to withdraw my consent at any time.
- ☐ *Somerset Health* and other providers involved must comply with relevant privacy laws. I or my representative will contact *Somerset Health* immediately if I feel these laws have been breached.

SIGNATURES

Name of Client:		
Signature of Client:		Date:
Name of Representative:		
Signature of Representative:		Date: