

St John Queensland Privacy and Consent

I, _____ (print client name)

Consent to:

(1) CARE/SERVICES

I agree to allow St John Queensland to provide me with care/services as identified and documented in my care plan. I understand that I am able to ask for my care/services to be reviewed at any time and that I can refuse/discontinue the care/services provided to me.

(2) SHARING OF INFORMATION WITH OTHER SERVICES

I agree to allow St John Queensland to provide other services agencies, partner organisations or health professionals involved in my care, with information from my record for the purposes of providing care/services or additional support.

(3) PROVISION OF DATA TO GOVERNMENT FUNDING BODIES

I agree to the provision of de-identified data for statistical and funding purposes to government funding bodies. (CHSP funded clients should read the attached Privacy Notification).

By signing this form, I agree to the following (please tick):

☐ I have read and understood the details in the St John Queensland Community Services Client Handbook and agreement.

☐ I declare the information I have provided to St John Queensland Community Services is true and correct.

St John Queensland Community Services acknowledges our legal obligation to you under the *Privacy Act 1988* and the Australian Privacy Principles (APPs) contained in Schedule 1 of the Privacy Act to protect any personal information we hold about you. Our processes for the collection, storage, use or disclosure of personal information comply with these requirements. We only collect personal details from you that are required in order to deliver a personalised service that is responsive to your individual needs. Your personal information is stored securely, and only those with legal authorisation, or those directly involved in providing a service to you have access to your personal records. You can access your personal information by contacting the Privacy Officer, St John Queensland, PO Box 540, Virginia QLD 4014, or alternatively by email to privacy@stjohnqld.com.au. Our Privacy Policy is available at www.stjohnqld.com.au/privacy-policy/

Name of client/ authorised representative: _____

Signature: _____ Date: _____

Please return this signed form within fourteen (14) days to: St John QLD -Intake Team – Community Services, Reply Paid 86832, Virginia BC QLD 4014, or email to intake@stjohnqld.com.au