



MannaCare
WIDER CHOICES FOR OLDER PEOPLE

Personal Information Collection Statement

MannaCare ("we", "us", "our") collects your personal information to provide you with services and to otherwise run our organisation.

We may collect your personal information from third parties (e.g. from medical and health professionals, hospitals, other aged care providers, government agencies, family members, contractors, referees and health referral organisations, relevant government agencies or your representatives). You have the right to refuse to provide us with your personal information however, if you do so we may be unable to provide you with our services.

We may disclose your personal information to those involved in providing, managing or administering our services including, for example, our representatives, third party suppliers, contractors, referees and health referral organisations, medical and health professionals and hospitals, other aged care providers, our professional advisers, insurers, auditors, government bodies, regulators, coroners and undertakers, "responsible persons" (as defined in the Privacy Act 1988 – such as your family members, your representatives, emergency contacts, and those exercising an enduring power of attorney) and any person or organisation where you have given your consent or we are required or authorised by law to disclose.

Our Privacy Policy (found at www.mannacare.org.au) sets out our approach to the management of personal information, including how you can seek access to and correction of your personal information, and our complaints handling procedures.



The information we require may be used as outlined below:

Information	Use of Information
Name and previous address	For our records
Financial Information	To assess fees and charges
Pension Information	For Pharmacy, government forms and medical practitioners
Medicare Number	For Pharmacy, government forms, hospital transfer forms, and medical practitioners
Private Health Insurance	Transfer to hospital
Pharmaceutical Benefit Number	Pharmacy and assessment of care fee
Bank Account Information	For direct debiting purposes only
Power of Attorney / Guardianship	For communication of required details including any of the information listed in this document as well as general correspondence, information, newsletters and other updates
Medical history	Assessment of needs and development of care plan Referral to medical/alternative specialists Medical practitioners Transfer to or from other health care facilities, including hospitals
Religious Background	Development of Care Plan. Referral as required
Cultural Background	Development of Care Plan. Referral as required
Representative/Next of kin	Emergency contact details and to keep people informed through SMS, emails, letters and newsletters. Accounts from MannaCare Pharmacy or others as required
Photograph of resident	Kept on medical file and on medication chart Given to Police in case of a missing person

I give permission for MannaCare to collect and use my information in the ways described above.

Client name:	
Representative name:	
Representative authority:	
Signature:	
Date:	