

Title	Privacy Statement and Consent	
Department	Corporate Services	FORM
Approved by	Chief Executive Officer	



MannaCare
WIDER CHOICES FOR OLDER PEOPLE

Client
 Client Representative
 Volunteer
 Staff Member

Name:

Privacy

MannaCare is obliged, as a Health Service provider, to comply with the Privacy Act 1988, the Privacy Amendment Act 2000, the Australian Privacy Principles 2014, the Information Privacy Act 2000, the Health Records Act 2001 and the Privacy Amendments (Notifiable Data Breaches) Bill 2016. The legislation aims to protect the individual and their personal and health information.

MannaCare has adopted the Australian Principles 2014 that establish the benchmark for how personal information should be handled as part of our standard operating procedures. As a result, all personal information that is held or taken by MannaCare is dealt with in a uniform manner and the highest regard is given to maintaining the security of the information at all times.

Personal information held at MannaCare may include:

- Contact information about clients, staff, volunteers, including date of birth, next of kin information and medical or personal records.
- Financial information.

The purpose for the holding of this information is to process applications for admission, to assess the level of care / service appropriate to the client’s needs and to make decisions about the level of funding that a client will be entitled to receive.

MannaCare may at times disclose some of this information to Government agencies, in accordance with the provisions of the relevant Act. This information is disclosed for the purpose of making informed decisions about funding and care / service. MannaCare may also be required to transfer personal information to other community / health services, particularly in the event of an emergency situation. The Government is also subject to laws dealing with privacy and has policies and procedures in place that are designed to safeguard any personal information that may be disclosed.

If you have any concerns regarding the manner in which MannaCare has handled any of your personal information, please contact our Privacy Officer on contact@mannaCare.org.au. All concerns are taken seriously and we will endeavour to deal with them promptly. In some cases, we may require that you put your concern in writing.

Clients may withdraw their consent in regard to the release of personal information at any time.

If at any time you require access to any of your personal information held at MannaCare please contact the Privacy Officer, who can also assist with any enquiries you may have. An Access to Information Form will be forwarded to you for completion and return.

We will respond to your request for access as soon as possible within 30 days.

Client / Staff / Volunteer Handbook

I / We have received my Handbook* from MannaCare
(* not applicable to Home Maintenance clients)

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Consents

- I/We consent do not consent to the display of my name / photos for use in MannaCare newsletters, annual reports, display boards, websites and/or any other MannaCare publications.
- I/We consent do not consent to the client participating in the quarterly Quality Indicator Data Collection- applicable for residential only
- I/We consent do not consent for MannaCare to contact my GP regarding my medical record.
- I/We consent do not consent for MannaCare to refer me to Allied Health Professionals as required.

NDIS Clients

- I/We consent do not consent for MannaCare to have contact with the National Disability Insurance Agency and provide the required reports, updates and letters.
- I/We consent do not consent for MannaCare to have contact with my plan manager and communicate all required information in relation to my funding needs.
- I/We consent do not consent for MannaCare to communicate with and between my other providers as required.
- I/ We consent do not consent to participate and share my information with an approved and accredited Quality Auditor appointed by the NDIS Commission during the certification audits against the NDIS Practice Standards.
- I/We consent do not consent to participate in the interview process by an approved and accredited Quality Auditor appointed by the NDIS Commission during the certification audits against the NDIS Practice Standards.

Signed		Date	
Name		Relationship to client <i>(if signing on behalf of client)</i>	
Witnessed name		Witnessed sign	