

St Vincent's Private Hospitals E-Admission Privacy Collection Statement

1 Privacy Collection Statement

St Vincent's Private Hospitals – 'the hospital' must comply with all relevant Australian privacy legislation and is committed to protecting the privacy of the personal information and sensitive information which it collects and holds.

St Vincent's Private Hospitals includes the following hospitals, *St Vincent's Private Hospital East Melbourne, St Vincent's Private Hospital Fitzroy, St Vincent's Private Hospital Kew, St Vincent's Private Hospital Werribee, St Vincent's Private Hospital Sydney, St Vincent's Private, Community Hospital Griffith, The Mater Hospital Sydney, St Vincent's Private Hospital Northside, St Vincent's Private Hospital Brisbane and St Vincent's Private Hospital Toowoomba.*

2 Collection and use of personal information

Types of personal information collected by the hospital and how the hospital uses your personal information:

We will collect and use your personal information to:

- (a) provide health care services and any ongoing related services to you;
- (b) appropriately manage our business, such as assessing insurance requirements and conducting audits;
- (c) assist us in running our health services business, including quality activity programs, billing, improving its services, implementing appropriate security measures, conducting research and training personnel; and
- (d) effectively communicate with third parties, including Medicare Australia, Private Health Insurers (PHIs) and Defence or Department of Veterans' Affairs.
- (e) Allow you to participate in a clinical trial or other research project provided you have given consent to the use of your personal information for this purpose in accordance with relevant Australian Privacy legislation.

3 Disclosing your personal information

We may provide your personal information to:

- (a) third parties involved in your care, such as:
 - (i) pathologists and radiologists who have been asked to undertake diagnostic testing;
 - (ii) senior medical experts and specialists who have been asked to assist in diagnosis or treatment;
 - (iii) other health professionals involved in an individual's further treatment (such as physiotherapists and occupational therapists);
- (b) your general practitioner (for example, by providing discharge summaries);
- (c) government agencies, such as Defence or Department of Veterans Affairs, where an individual is receiving services with the hospital under arrangements with those agencies;



- (d) government departments responsible for health, aged care and disability where the hospital has a legal or contractual obligation to do so. This includes the Australian Digital Health Agency (ADHA) who manage the My Health Record (MHR);
- (e) limited information, such as your ward to relatives, close friends, guardians (unless the hospital has been told otherwise);
- (f) third parties contracted to provide services to the hospital, such as entities contracted to assist in accreditation or survey processes;
- (g) Ministers of religion associated with the hospital so that an individual may receive religious support during admission;
- (h) any of the entities within St Vincent's Health Australia (SVHA) group;
- (i) research institutions with which the hospital collaborates;
- (j) private health insurance providers and Medicare Australia. Where your private health insurer is located overseas we may need to provide your personal information to the private health insurer in the country in which it is located;
- (k) your employer and workers compensation insurers where you have consented to us corresponding with them such as in relation to workers compensation claim;
- (l) the motor accidents authority as required by law or where you have consented;
- (m) anyone authorised by you to receive your personal information (your consent may be express or implied);
- (n) anyone the hospital is required by law to disclose your personal information to.

4 Your consent

I consent to the hospital collecting, holding, using and disclosing my personal information (including health information and other sensitive information) as set out in this collection statement.

Name: _____ Date: _____

Signature: _____

Relationship to Patient if signing as substitute decision maker: _____

5 Fundraising and Keeping in Touch

With the generous support of donations the hospital can continue to provide much needed services to the community.

Please tick the box below if you consent to the hospital contacting you for fundraising purposes. There are no adverse consequences to you if you choose not to elect to provide this consent.

I CONSENT to the hospital using and disclosing my details for the purposes of fundraising.

I CONSENT to the hospital using and disclosing my details to Keep in Touch.

6 Further information

For matters concerning your privacy (e.g to obtain a copy of the hospital's privacy policy or to discuss Privacy matters) please contact the hospital's Privacy Officer or by visiting our website