

CARELINK PRIVACY INFORMATION SHEET

Carelink is committed to the concepts contained in Australia's current privacy legislation. We receive information about our clients in the normal course of our business. This information sheet is intended to inform you about what types of personal information are collected, who it may be disclosed to, and other important matters to help fulfill our obligations under the current privacy legislation. Further information on privacy laws and your individual privacy rights is available at Carelink.

1. ***What personal information may be collected?***
Your name, contact details, and any health information that will enable us to provide a proper assessment and effective intervention.

2. ***What will this personal information be used for?***
We may use the information you provide in the following ways:
 - For administrative purposes in running our practice.
 - Disclosure to others involved in your health care, including treating doctors and specialists outside this service. This will first be discussed with you.
 - Disclosure for research and quality assurance activities, to improve our practices and the services available to victims of clergy abuse. You will be informed when these activities are being conducted and be given the opportunity to "opt out" of any involvement.

3. ***Who do I speak to if I have questions about personal information, which is kept on me by Carelink?***
If you would like to request access to information about you, obtain further information about privacy laws and your individual privacy rights, or discuss any concerns regarding collection of your personal information, contact Susan Sharkey, Carelink Co-ordinator, on (03) 9663 5744

.....

I have read the above information and understand the reasons why my information will be collected. I am also aware that Carelink has a privacy policy on handling client information.

I understand that I am not obliged to provide any information requested of me, but my failure to do so might compromise the quality of care and intervention provided to me. I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand that I will be given an explanation in these circumstances.

I understand that if my information is used for any purpose other than that set out above, my further consent will be obtained.

I consent to the handling of information by Carelink for the purposes set out above, subject to any limitations on access or disclosure that I notify Carelink of.

Signed

AFA

Date.....15/04/2011.....