

	<b>Indochinese Elderly Refugees Association Victoria Inc.</b>	<b>Resident's Consent Statement</b>
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Date: -----

Resident Name: -----

DOB: -----

**To use and disclosure of personal and health information.**

Mekong Cairnlea Vietnamese Aged Care need to collect and hold information about residents, including date of birth, next of kin and Power of Attorney information, health, medical, personal care and financial information. This information is required to process applications for residency, the level of care for residents required and to determine the level of funding of resident is entitled to receive. This information is a requirement of the Aged Care Act, 1997.

Financial information will be closed to **Mekong Cairnlea Vietnamese Aged Care** Administration and Centrelink for the purpose of identifying the financial obligations of the residents. From time to time this information may need to be disclosed to the Commonwealth Government or its agencies. Such disclosure will be done in accordance with regulations such as the Aged Care Act, 1997, and for the purpose of funding decisions and Accreditation Status.

Personal information (excluding financial information) and health information will be disclosed to Health Professionals for the purpose of health assessments, care planning and evaluation. Financial information will not be disclosed to Health Professionals. Personal information (excluding financial information) will be disclosed to other Health Care facilities/provider organization in the event of an emergency, and/or the transfer of the residents.

Should you believe that your personal information held by **Mekong Cairnlea Vietnamese Aged Care** is incorrect, please notify our Privacy Officer/Manager on number (03) 7378 8188.



**Indochinese Elderly Refugees  
Association Victoria Inc.**

**Resident's  
Consent  
Statement**

I **hereby consent** to information being collected, held, used and disclosed as described above:

Signature: ..... Date: ...../...../.....

Full Name: .....

**WITNESS**

Signature: ..... Date: ...../...../.....

Full Name: .....