

Request for Access to Information

What information do you wish to access?

 Personal Information Health Information

What does the information relate to?

How would you like to access the information?

 View Summary Photocopy or print

 Explaination Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address? Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_

Preferred contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you requesting information about yourself? Please Circle Yes / No (see Authorised Representative)

Authorised Representative

(a parent of a child under 18 years or a person who has a documented Power of Attorney)

Who are you requesting information about? Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your relationship to the person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a documented Power of Attorney? Please Circle Yes / No

(If yes please attach a copy with this request)

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Jewish Care’s Privacy Officer

Ph: (03) 8517 5999. Fax: (03) 8517 5778

Email: privacy@jewishcare.org.au

Post: The Privacy Officer

Jewish Care (Victoria) Inc.

619 St Kilda Road, MELBOURNE VIC 3004

The information collected on this form will be recorded by Jewish Care (Victoria) Inc (‘Jewish Care’) for the purposes of registration, client and health professional information, as well as resident information, gifts and donations.

Jewish Care acknowledges its legal and client obligations under the Health Records Act 2001 (Vic), the Privacy Act 1988 (Cth) and Information Privacy Act 2000 (Vic).

Your information that you have disclosed and given to Jewish Care will not be disclosed to any third party without your prior written consent.

Further details regarding the purpose, manner, collection, access, alteration and disclosure of any information you have provided to Jewish Care are further explained in Jewish Care’s Privacy Statement and Policies (available upon request).