

(Office use only – Affix identification label here)

URN:

Surname:

Given name(s):

Date of birth:

Sex at birth:  M  F  A

## Privacy Collection Notice

Cura Day Hospitals Group Pty Ltd (ACN 125 245 409) (Cura) and its subsidiaries acknowledge the importance of patient privacy. We are committed to handling your information securely and to being open and transparent with you about our information handling processes.

Cura's privacy policy is available at [www.curagroup.com.au](http://www.curagroup.com.au). If you would prefer a printed version, please let us know by contacting us on (07) 3218 3700. Further details about how we deal with your personal information are provided below.

### Who is collecting your personal information

Your personal information is being collected by Cura Day Hospitals Group Pty Ltd (ACN 125 245 409) (Cura) and its subsidiaries wherever located within Australia.

The contact details Cura Day Hospitals Group are:

**Street address:** Boundary Court 55 Little Edwards Street, Spring Hill QLD 4004

**Telephone:** (07) 3218 3700

### Collection of your personal information

Your personal information is collected:

- from you when you provide personal information to us, including by completing admission forms, questionnaires and surveys; when observations are taken; when you report information to our staff about your health; and in some cases by way of photographs taken of you for a clinical purpose;
- from your relatives who may be able to provide us with information relevant to your healthcare where it is unreasonable or impracticable to collect information directly from you;
- from third party health service providers, including your doctors, diagnostic imaging and pathology companies;
- from Medicare, DVA and/or your health insurer;
- from your My Health Record.

### Authority for collection

As a health service provider, we are required to collect and keep medical records of patients receiving services at our facilities.

### Why does Cura collect your personal information?

We collect your personal information in order to provide health services to you at our facility. We also use the information for management of our services.

You may be asked to participate in research projects and/or feedback surveys which involve the collection of your personal information. Participation is entirely voluntary.

### What would happen if Cura did not collect your personal information?

If Cura does not collect your personal information we may not be able to provide healthcare services to you. If we do not collect all of your relevant health information, this may pose a risk to your health as we will be using incomplete information to make care decisions. It may also impact on your ability to claim Medicare, DVA or private health insurance refunds.

### Who can Cura disclose your personal information to?

By signing this Notice, you consent to Cura disclosing on a need-to-know basis only, your health information for the purposes of providing a health service to you and managing that service. This may include disclosing your personal information (including health information) to health service providers including; the surgeon performing the procedure, your GP, relevant clinical registries, allied health providers, pharmacy services, diagnostic imaging and pathology companies) and our staff involved in your care (e.g. nurses and allied health) or providing administrative support.

Sometimes your Surgeon will request that a surgical device representative be present during your procedure.

Cura supports nursing education, and at times student nurses will be involved in your care. Please let us know if you don't want a student involved in your care.

(Office use only – Affix identification label here)

URN:

Surname:

Given name(s):

Date of birth:

Sex at birth:  M  F  A

## Privacy Collection Notice

### Who can Cura disclose your personal information to? *(continued)*

By signing this Notice, and only where applicable, you consent to Cura or its subsidiary providing your Personal Information, excluding health related information to a debt recovery agency for the purposes of recovery any outstanding monies payable by you to Cura or its subsidiary for services provided by Cura or its subsidiary to you.

Cura may also disclose your personal information (without your consent) where it is authorised or required by law to do so.

Your Surgeon will ordinarily provide a discharge summary to your referring doctor. Please let your Surgeon know if you do not want this to occur. We may also provide discharge summaries to your treating Surgeon.

If you have received services at a Cura Hospital as a public patient under an arrangement with either a public hospital or a state or territory government arrangement, we will provide a discharge summary and a copy of your medical record to the public hospital or relevant government entity that referred you.

We will disclose information about your condition to your next-of-kin nominated on your admission paperwork if we need a decision to be made about your care and you do not have capacity to make the decision for yourself. We will let your contact person know when you are ready to be collected to go home.

We disclose your personal information to Medicare, DVA and your private health insurer for billing and regulatory purposes. We are required to provide certain data to State/Territory Health Departments about admissions to our facilities.

We will upload information to My Health Record unless you direct us not to.

### Access to and correction of your personal information

Our privacy policy contains information about how you may access and seek correction of personal information about you that Cura holds.

### Privacy complaints

Our privacy policy contains information about how you may complain about a breach of the Australian Privacy Principles and how Cura deals with complaints.

### Overseas disclosure of your personal information

Should disclosure of personal information to entities outside Australia be required, Cura will, in all respects, comply with its obligations under the *Privacy Act 1988 (Cth)*.

### Is there anyone to whom you do not want Cura to disclose your information to?

### Declaration and consent

*I have read and understood the information in this document and consent to the collections, uses and disclosures as described in this document.*

Print name:	Signature:	Date:

DO NOT WRITE IN THIS BINDING MARGIN

Cura CMR4.8 2/2 v2.00 05/07/2024