

PRIVACY STATEMENT

Bloomington Care is committed to providing quality services and respecting your rights. Your right to privacy and confidentiality will be recognised, respected, and protected in all aspects of your contact with us. This statement outlines our ongoing obligations to you in respect to how we manage your Personal Information. Bloomington Care complies with the requirements of the *Privacy Act 1988 (Cth)*.

WHAT IS PERSONAL INFORMATION AND WHY DO WE COLLECT IT?

Personal Information is information or an opinion that identifies an individual. Personal Information includes Health Information, which is information about the physical or mental health or disability of an individual.

Examples of Personal Information we collect includes: (Names, addresses, email addresses and phone numbers).

We collect your Personal Information in many ways including (interviews, correspondence, by telephone, by email, via our website, from other publicly available sources and from third parties).

(Note: Personal Information includes information that is recorded in a visual or audio format, such as photos, videos, and sound recordings.)

Bloomington Care will only request and retain Personal Information that is necessary to:

- assess your eligibility for support;
- provide safe and responsive support;
- monitor the supports provided; and
- fulfil contractual and other requirements to provide non-identifying data and statistical information to government agencies.

When we collect Personal Information, we will explain to you why we are collecting the information and how we plan to use it.

THIRD PARTIES

Where reasonable and practicable to do so, we will collect your Personal Information only from you. However, in some circumstances we may be provided with information by third parties (such as other disability services). In such cases we will take reasonable steps to ensure that

you are made aware of the information provided to us by the third party.

DISCLOSURE OF PERSONAL INFORMATION

Your Personal Information will only be disclosed:

- to prevent or lessen a serious and imminent threat to the life or health of you or another person;
- to outside agencies with your or your representative's permission;
- with written consent from a person with lawful authority; or
- when required by law, or to fulfil legislative obligations such as mandatory reporting.

SECURITY AND DESTRUCTION OF PERSONAL INFORMATION

Your Personal and Health Information will be stored in a manner that reasonably protects it from misuse and loss and from unauthorized access, modification or disclosure.

When your Personal and Health Information is no longer needed for the purpose for which it was obtained, we will take reasonable steps to destroy or permanently de-identify it.

We will retain and dispose of your Personal and Health Information in accordance with our *Privacy and Confidentiality Policy and Procedure* [or equivalent].

ACCESS TO YOUR PERSONAL INFORMATION

You may access the Personal or Health Information we hold about you, including to update or correct it, subject to certain exceptions. If you wish to access your Personal or Health Information, please speak to a staff member.

In order to protect your Personal or Health Information we may require identification from you before releasing the requested information.

You have the right to:

- request access to personal information we hold about you;
- access this information; and
- make corrections if you consider the information is not accurate, complete or up to date.

However, access may be denied in part or in total where:

- the request is frivolous or vexatious;
- providing access would have an unreasonable impact on the privacy of other individuals;
- providing access would be likely to prejudice an investigation of possible unlawful activity;
- providing access would pose a serious and imminent threat to the life or health of any individual; and
- denying access is required or authorised by or under law.

We aim to address all requests to access or correct information within (3 working days). We will not charge any fee for your access request but may charge an administrative fee for providing a copy of your information.

MAINTAINING THE QUALITY OF YOUR PERSONAL INFORMATION

It is an important to us that your information is up to date. We will take all reasonable steps to make sure that your Personal Information is accurate and complete. If you find that the information we have is not up to date or is inaccurate, please advise us as soon as practicable so we can update our records and ensure we can continue to provide quality services to you.

COMPLAINTS AND ENQUIRIES

If you have any queries or complaints about this Privacy Statement please contact <clinic>:

- by email to: (Mohamedyusuf757@gmail.com);
- by phone on: (0423060416); or
- in writing to: (106/76 canning street North Melbourne 3051).

Alternatively, you can speak directly to the [Rahma Abdul]/[Participant wellbeing officer] who will record your enquiry or complaint and ensure it is followed.

Complaints about privacy matters can also be lodged by placing a completed Feedback and Complaints Form in the Suggestion Box in Bloomington Care's 106/76 canning street North Melbourne 3051.

All feedback and complaints regarding privacy will be dealt with in accordance with our *Feedback and Complaints Policy and Procedure* [or equivalent].

SUPPORTING DOCUMENTS

Documents relevant to this policy:

- *Participant Rights and Responsibilities Policy and Procedure* [or equivalent]
- *Records and Information Management Policy and Procedure* [or equivalent]
- *Privacy and Confidentiality Policy and Procedure* [or equivalent]
- *Feedback and Complaints Policy and Procedure* [or equivalent]

MONITORING AND REVIEW

This Privacy Statement, along with Bloomington Care's *Privacy and Confidentiality* [or equivalent] and *Records and Information Management* [or equivalent] policies and procedures will be formally reviewed at least annually. Formal reviews will include participant, staff and other stakeholder

feedback.

ACKNOWLEDGED

Name: _____

Signed: _____

Date: _____

By signing and acknowledging the above privacy statement I understand all acknowledged information.