

PRIVACY POLICY

Client acknowledgement

I have read Carelink's Privacy Policy (client) and understand the reasons why my personal information is being collected.

I understand that I am not obliged to provide any information requested of me, but my failure to do so might prevent Carelink from providing me with its services.

I am aware of my rights 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 these privacy terms may be updated periodically in line with changes in the law and the services provided by Carelink. I understand that Carelink will notify me in writing where those changes affect me.

I consent to Carelink handling my personal information for the purposes set out in the Privacy Policy (clients), subject to any limitations on access or disclosure that I notify Carelink of.

I understand that if my information is used for any purpose other than that set out in the Privacy Policy (clients), my further consent will be obtained (unless my consent is not required or permitted by law).

I understand that Carelink may infer my consent whether or not I have signed this consent form. This might occur when, for example, I provide my information to Carelink (including my health records) and having been given a copy of this information sheet I continue to engage with Carelink and receive its services.

I acknowledge that I have received a copy of the full Privacy Policy (clients) and my signed client acknowledgement.

Signature

Name

Date:

Carelink

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