



Amaroo Care Services Inc

ABN: 56 630 732 275

2 Wreford Court, Gosnells WA 6110

Tel: (08) 9490 3899 **Fax:** (08) 9398 4923

Email: amaroo@amaroovillage.com.au

Website: www. Amaroovillage.com.au

Dear Prospective Resident

Thank you for your enquiry regarding admission into one of our residential care facilities.

Please find enclosed an information pack which includes an **Amaroo Care Services Admission to an Aged Care Facility Form and Acknowledgement Form** which should be completed and returned together with the following documents:

- Obtain an **Asset and Income Assessment** from Centrelink or DVA and provide a copy to Amaroo. (Not required for Respite)
- An **A.C.C.R Assessment/ Support Plan** (To be obtained through your Aged care Assessment Team (ACAT).
- Provide a copy of your appointment as an **Enduring Power of Attorney/ Guardianship. (If applicable).**

It is important that you complete and sign all parts of the Amaroo Care Services Admission to an Aged care Facility Form.

If you have any difficulties in completing the admission form, please do not hesitate to contact us for assistance.

When all documents have been completed and/or obtained they should be returned to Amaroo Care Services at your earliest convenience as until all documents are returned, we are unable to place you on our priority list.

Thank You

Amaroo Care Services Inc.

Name:.....
FORM: AV/APP.3.



AMAROO CARE SERVICES INC

APPLICATION for ADMISSION to an AMAROO VILLAGE RESIDENTIAL AGED CARE FACILITY

BUCKLEY CARING CENTRE

(Permanent and respite residential care for people with low care needs
and aging in place)

OR

McMAHON CARING CENTRE

(Permanent residential care for people with high care needs)

ADMISSION FORM COMPLETED:/...../2.....

Person Requiring Residential Accommodation: (Applicant)

These are the Names will appear on all Contract documents (Please provide full names)

APPLICANT:

Surname: Given Names:

Current Address: Postcode

Telephone(H): ()..... (W): ().....

(M): Email:

Date of Birth:/...../.....

Pension No: _____ Exp __ / __

DVA Gold Card No: _____ Exp __ / __

Medicare Number: _____ Exp __ / __

Residential Permanent Referral Code 1 _____

Full Pension Part Pension Non Pension

Pension Type: Aged Disability Service Other

ACAT Assessment: Residential Care Respite

ASSET Assessment: Assets \$.....

Family (Next of Kin) and Other Contacts:

FIRST CONTACT:

Surname: Given Names:

Address: Postcode

Telephone(H): ()..... (W): ().....

(M): Email:

Relationship to the Applicant:

Please indicate all that apply of the following:

Address for Correspondence (if not the Applicant)

Enduring Power of Attorney Enduring Power of Guardianship

Advanced Health Directive Contact

Please Note:- a copy of the relevant authority for above must be provided

SECOND CONTACT:

Surname: Given Names:

Address: Postcode

Telephone(H): ()..... (W): ().....

(M): Email:

Relationship to the Applicant:

Please indicate all that apply of the following:

Address for Correspondence (if not the Applicant)

Enduring Power of Attorney Enduring Power of Guardianship

Advanced Health Directive Contact

Please Note:- a copy of the relevant authority for above must be provided

THIRD CONTACT:

Surname: Given Names:

Address: Postcode

Telephone(H): ()..... (W): ().....

(M): Email:

Relationship to the Applicant:

Please indicate all that apply of the following:

Address for Correspondence (if not the Applicant)

Enduring Power of Attorney Enduring Power of Guardianship

Advanced Health Directive Contact

Please Note:- a copy of the relevant authority for above must be provided

SIGNED BY OR ON BEHALF OF THE APPLICANT (S) BY:

Surname: Given Names:

Address: Postcode

SIGNATURE: DATE:/...../.....

Name of Applicant:

FORM: AV/P .2.



AMAROO CARE SERVICES INC

AMAROO VILLAGE

AMAROO VILLAGE – DENMARK

AMAROO VILLAGE - ALBANY

AMAROO VILLAGE BUCKLEY CARING CENTRE
AMAROO VILLAGE McMAHON CARING CENTRE

PRIVACY AMENDMENT (PRIVATE SECTOR) ACT 2000

CONSENT FORM

The purpose of this Consent Form is to give my voluntary consent to Amaroo Care Services Inc , (“Amaroo Village”; Amaroo Village – Denmark”; Amaroo Village – Albany; “Amaroo Village Buckley Caring Centre”; and “Amaroo Village McMahan Caring Centre” to collect and use my information for the purpose of:

Meeting the State and Commonwealth Government agencies requirements in accordance with the Aged Care Act 1997and the Retirement Villages Act 1992; and

*Internal marketing, research and development by Amaroo Care Services Inc. and

*The sending out of internal Amaroo Care Services Inc newsletters, notices and other information.

(* delete if not applicable)

If requested, Amaroo Care Services Inc may also provide my information to:

.....
.....

I have received the Privacy Information Sheet and have been given the opportunity to ask questions. All such questions have been answered to my satisfaction. I understand that I can ask further questions at any time.

I understand that the new Privacy Act includes a complaints system. I am aware that I may ask or enquire of Amaroo Care Services Inc at any time if I wish to question the use of my information.

I acknowledge, that I have received a copy of this signed Consent Form for my own records and a copy of the Privacy Information Sheet of Amaroo Care Services Inc.

SIGNED: SIGNED:

DATE:/...../2..... DATE:/...../2.....

NAME: NAME:

FORM: AV/P .1.



AMAROO CARE SERVICES INC

AMAROO VILLAGE - ALBANY

AMAROO VILLAGE – DENMARK

AMAROO VILLAGE GOSNELLS

AMAROO VILLAGE BUCKLEY CARING CENTRE
AMAROO VILLAGE McMAHON CARING CENTRE
AMAROO COMMUNITY CARE

PRIVACY AMENDMENT (PRIVATE SECTOR) ACT 2000

INFORMATION SHEET

POLICY

Amaroo Care Services Inc respects and upholds its residents rights to privacy protection under the National Privacy Principles contained in the Privacy Amendment (Private Sector) Act 2000. The National Privacy Principles apply to all components that make up the Amaroo Village, Amaroo Village – Denmark, Amaroo Village – Albany, Amaroo Village Buckley Caring Centre and Amaroo Village McMahon Caring Centre from their introduction on 21 December 2001.

Aged Care and Retirement Village providers are in a special position of trust in providing personal, intimate, social and medical care to Residents and Clients in their own home. This is a special position of trust and the right to privacy is regarded as a fundamental ethic in our organisation.

What personal information about residents does Amaroo Care Services Inc Hold?

- Name, address, telephone numbers.
- Date of birth.
- Occupation.
- Health information.
- Pension Details.
- Financial Details.
- Transaction details associated with services provided by Amaroo Care Services Inc and some external agencies.
- Any additional information that the resident provides to the organisation.

Amaroo Care Services Inc will delete, or de-identify, personal information due to redundancy in accordance with the requirements of the Private Health Facilities Act 1999 as detailed hereunder;

- Form Clinical Records – ten (10) years after the last clinical attendance or last medico legal action, whichever is the later.
- For Residents with a condition affecting their decision making capacity (eg. intellectually disabled relating to traumatic brain injury, dementia or severe mental illness) 10 years from the date of the resident’s decision making capacity is no longer limited, or eighty (80) years from the date of birth of the resident.

What does Amaroo Care Services Inc do with resident’s personal information?

Personal resident information is used for:-

- Assisting in providing medical treatment and care.
- Assisting doctors and allied health professionals in providing medical treatment and care within our facilities.
- Assisting in contact calls to residents.
- To meet internal administrative requirements.
- The processing of information required by the Commonwealth Government in accordance with the Aged Care Act.
- The provision of information to medical practitioners and allied health professionals who provide the necessary follow-up treatment and on-going care.
- For bench marking.
- To provide data in both an identified and de-identified form to State and Commonwealth Government agencies in compliance with numerous legislative requirements.

And with the resident’s written consent:-

- To communicate promotional offers and special events.
- To circulate newsletters, notice’s and other information to resident’s.
- Marketing, research and development.
- Service planning.

Amaroo Care Services Inc, will not disclose personal information about residents to any person, persons or organisation except on a “Confidential” basis to agents that we use in the ordinary operation of our business, such as data processing, printing and mailing.

At any time, a resident may opt out of receiving any communications from us (other than as required for the operation of our business, eg regarding payment of their account).

Openness:

Residents may request access to personal information that we hold about them, by writing to the Privacy Officer at the address below. The resident does not have to provide a reason for requesting access to this information. Where Amaroo Care Services Inc holds information that a resident is entitled to access, the facilities will endeavour to provide the resident with a suitable range of choices as to how the information is accessed.

If a resident believes that personal information held by Amaroo Care Services Inc is incorrect, incomplete or inaccurate, then the resident may request their record to be amended. If the facility does not believe that there are grounds for amendment, then an additional note will be made to the personal information stating that the resident disagrees with that section of information held.

Any questions about this policy, or any complaint regarding an individual's treatment of their personal privacy by Amaroo Care Services Inc, should be made in writing to the address below.

Privacy Officer

Amaroo Care Services Inc

Administration Centre

2 Wreford

GOSNELLS WA 6110

Miscellaneous:

In this policy, "personal information" and "health information" have the same meaning as under the *Privacy Amendment (Private Sector) Act 2000*.

This policy represents our policy as at 10 December 2001. We may review and up-date this policy from time to time. Although Amaroo Care Services Inc intend to observe this policy at all times, it is not legally binding on Amaroo Care Services Inc in any way. From time to time we may regard it as necessary or desirable to act outside the policy. Amaroo Care Services Inc may do so, subject only to any other contractual rights the resident may have and any statutory rights the resident may have under the Privacy Act or other applicable legislation.

PROCEDURE:

Forms in use by Amaroo Care Services Inc which relate to the Privacy Amendment (Private Sector) Act 2000 include:

- **FORM: AV/P .1. Privacy Act – Information Sheet**
- **FORM: AV/P .2. Privacy Act – Consent Form**
- **FORM: AV/P .3. Request to Access Residents Record**
- **FORM: AV/P .4. Request to Amend a Residents Record**

Correct forms are to be used in the event that information is required or a request is made to amend a residents record.

Staff are to ensure that the relevant document has been completed accurately by the Resident.

AMAROO CARE SERVICES INC
2 WREFORD COURT

GOSNELLS WA 6110

AMAROO CARE SERVICES INC

PRIVACY STATEMENT

Amaroo Care Services Inc respects and upholds its residents rights to privacy under the National Privacy Principles contained in the Privacy Amendment (Private Sector) Act 2000. The National Privacy Principles introduced on 21 December 2001 apply to all components that make up the Amaroo Care Services Inc.

Residents personal information is used by Amaroo Care Services Inc for administrative requirements, the processing of information required by the Commonwealth Government and Western Australian State Government in accordance with the Aged Care Act 1997 and the Retirement Villages Act 1992 and in the provision of medical treatment and care whilst with Amaroo Care Services Inc

Information will at all times be treated as "Confidential" and will not be given to any other party other than those State and Commonwealth Government agencies in compliance with the Privacy legislative requirements and in accordance with the Aged Care Act 1997 and the Retirement Villages Act 1992, those medical and allied health professionals essential to your medical treatment and care, as detailed in your application or provided to Amaroo Care Services Inc from time to time, without the prior written consent of the resident (s) or their duly appointed Guardian, Administrator, Enduring Power of Attorney or other authorised person.

AMAROO CARE SERVICES INC
2 WREFORD COURT
GOSNELLS WA 6110



Form AV/AC.2.

TO: **AMAROO CARE SERVICES INC**

FROM:

(Name/s)

.....

(Address)

ACKNOWLEDGEMENT

I / We acknowledge receiving a copy of the documents listed below:
(Please tick the appropriate boxes)

Form - Admission to Aged Care Facility
(Supplementary Information)

Amaroo Village Buckley Caring Centre Information
Amaroo Village McMahon Caring Centre Information

Privacy Act Information Sheet

Acknowledgement Form (this Form)

(Please tick the appropriate box for all documents provided)

SIGNED:..... SIGNED:.....

Documents received on theday of20.....

