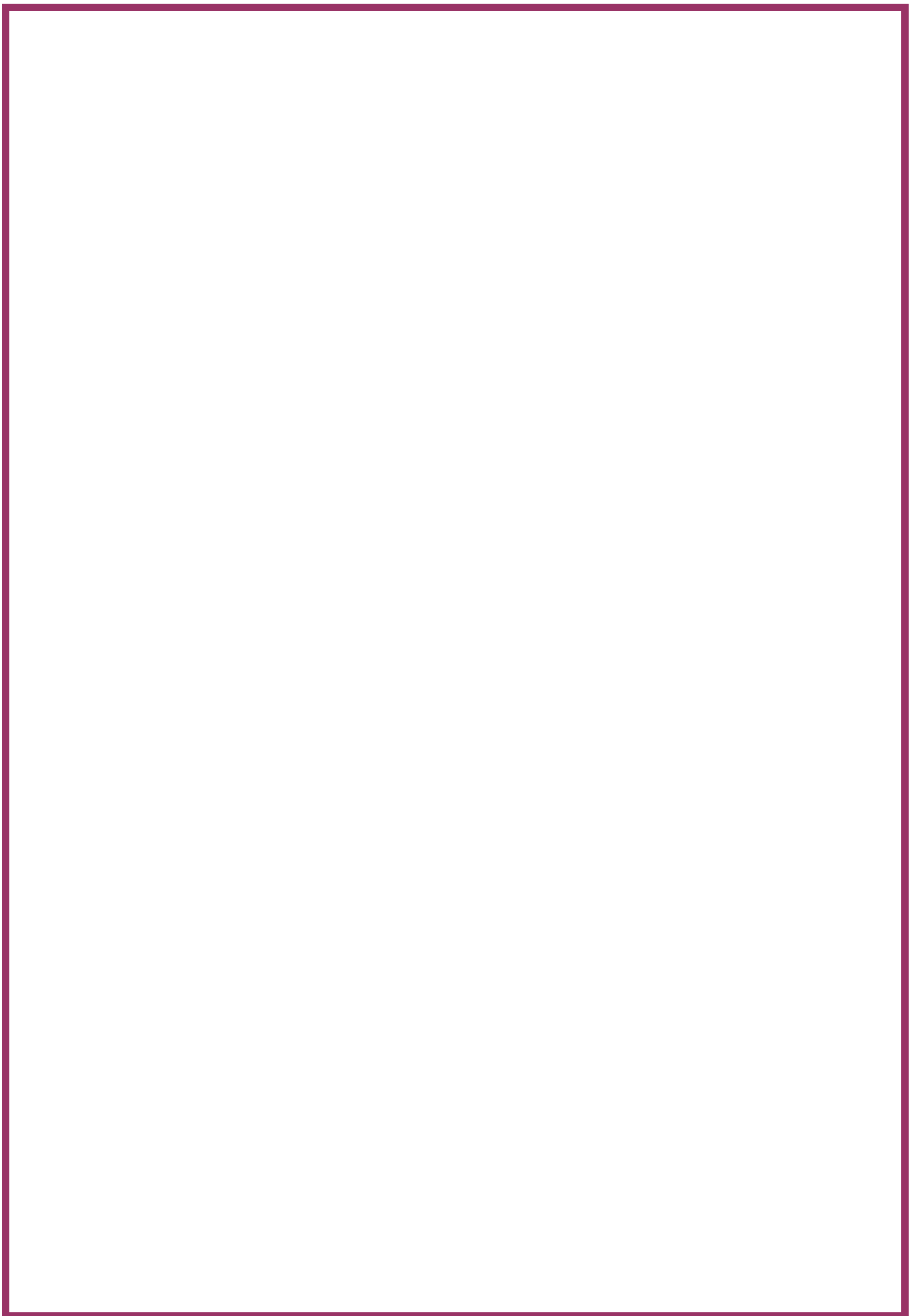


San Carlo Homes for the Aged

Admission paperwork







San Carlo Homes For The Aged Ltd

Instructions for Completing Paperwork

Please complete the attached forms as soon as possible. Once we receive the Admission Paperwork forms, Financial Paperwork forms and a copy of the Aged Care Assessment, the applicant will be placed on the waiting list.

1. Personal Details Form (green form).

The information on this form is used to record all personal details for the consumer, i.e. Next of Kin, POA Details, Centrelink, Medicare and preferences for receiving accounts etc. Please provide copies of Power of Attorney documentation or Guardianship details if applicable.

2. Financial Statement

Please complete these details with all information that is available. Please have the statutory declaration signed. Please attach any relevant documentation.

3. Direct Debit Request

Please complete the form and return as soon as possible. This is our preferred method of payment of consumer accounts.

4. Request for Laundry Labels

Please complete this form to have laundry labels printed for consumer's clothing. The costs will be charged to your first account.

5. Donation Permission Form

Please sign this form if you are happy to donate \$6 per month towards the social/cultural activities provided by this facility. This will be added to your monthly account.

6. Consumer Privacy Agreement

Please have consumer/POA/Guardian sign this form.

7. Consumer Consent Form

Please complete this form if consumer consents to photos and/or personal information being used in newsletters, iCare, medication charts, assessments etc.

8. Permission for Transfer of Medical Information Transfer

This form allows us to request transfer of medical information from your current GP to our clinic - Lalor Clinic.

9. Emergency Evacuation Plan

This form needs to be completed so in the event of an emergency, there is an evacuation plan in place.

10. Policy for Medication and Herbal Remedies (including creams and lotions)

Please complete this form as acknowledgement of policies regarding medicines, herbal remedies and lotions stored in this facility.



San Carlo Homes For The Aged Ltd

Other Paperwork that is required before Admission

Centrelink - Compulsory

When entering an Aged Care Residential Facility, it is a requirement that you be assessed financially by the government.

A Pre-Assessment should be done by submitting a SA457 form (Permanent Residential Aged Care Request for a Combined Assets and Income Assessment). Once you receive your Pre-Assessment letter, it is valid for a period of 120 days.

If you enter care before a pre – assessment can be completed, you are still required to submit your forms to Centrelink as soon as possible. Until we receive notification from them you are liable to pay all accommodation payments. Failure to submit financials can also result in higher Means Tested Care Fees.

If you require further information, the following site: www.myagedcare.gov.au may be of assistance. Alternatively, you can contact them by phoning: **1800 200 422**. It may also be beneficial to seek help from a financial advisor who can give you advice on all your options available regarding payment of residential aged care costs.

Medical Information

Please ask your GP to print out a complete medical history including medications and dosages, surgical history etc.

A Consumer Handbook has also been provided to you for further information about our facility.



San Carlo Homes For The Aged Ltd

Consumer Privacy Agreement Consent Form

This form is consent to collect, use and disclose personal information of consumers/clients for the purpose of providing residential aged care.

The Australian Privacy Principles (APP), as set out in the *Privacy Act 1988* (Cth) and the *Privacy Amendment (enhancing Privacy Protection) Act 2012* (Cth).

In order that our establishments as Health Care Providers can provide you with the quality care/services outlined in your agreement with us, we collect from you or your designated representative, particular details.

We will use all reasonable efforts to protect the privacy of individuals' personal information and to comply with the obligations imposed by the *Privacy Act 1988* (Cth) (**Privacy Act**), the Australian Privacy Principles (**APP**), the Aged Care Act and the Aged Care Principles.

This policy applies to all staff (including contracted agency staff) and volunteers. We will only collect personal information by lawful and fair means and will only collect personal information that is necessary for one or more of our organisation's functions or activities.

If it is reasonable and practicable to do so, we will collect personal information about an individual only from that individual.

In meeting our obligations with respect to the privacy of our clients we will acknowledge that people with vision or hearing impairments and those of culturally and linguistically diverse people may require special consideration.

Purpose of Policy

The purpose of this policy and procedure is to:

- i) ensure personal information is managed in an open and transparent way;
- ii) protect the privacy of personal information including Health Information of clients, consumers and staff;
- iii) provide for the fair collection and handling of personal information;
- iv) ensure that personal information we collect is used and disclosed for relevant purposes only;
- v) regulate the access to and correction of personal information; and
ensure the confidentiality of personal information through appropriate storage and security.



San Carlo Homes For The Aged Ltd

Consumer Privacy Agreement Consent Form cont.

Use and disclosure of information

a) Permitted disclosure

We may not use or disclose Personal Information for a purpose other than the primary purpose of collection, unless:

- i) the secondary purpose is related to the primary purpose (and if Sensitive Information directly related) and the individual would reasonably expect disclosure of the information for the secondary purpose;
- ii) the individual has consented;
- iii) the information is Health Information and the collection, use or disclosure is necessary for research, the compilation or analysis of statistics, relevant to public health or public safety, it is impractical to obtain consent, the use or disclosure is conducted within the privacy principles and guidelines and we reasonably believe that the recipient will not disclose the Health Information;
- iv) we believe on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to an individual's life, health or safety or a serious threat to public health or public safety;
- v) we have reason to suspect unlawful activity and use or disclose the Personal Information as part of our investigation of the matter or in reporting our concerns to relevant persons or authorities;
- vi) we reasonably believe that the use or disclosure is reasonably necessary to allow an enforcement body to enforce laws, protect the public revenue, prevent seriously improper conduct or prepare or conduct legal proceedings; or
- vii) the use or disclosure is otherwise required or authorised by law.

If we receive Personal Information from an individual that we have not solicited, we will, if it is lawful and reasonable to do so, destroy or de-identify the information as soon as practicable.

b) Cross border disclosure

We will not disclose an individual's Personal Information to an overseas recipient. If we do, we will take all steps that are reasonable in the circumstances to ensure that the overseas recipient does not breach the Australian Privacy Principles, unless:

- i) the overseas recipient is subject to laws similar to the Australian Privacy Principles and the individual has mechanisms to take action against the overseas recipient;
- ii) we reasonably believe the disclosure is necessary or authorised by Australian Law; or



San Carlo Homes For The Aged Ltd

Consumer Privacy Agreement Consent Form cont.

- iii) the individual has provided express consent to the disclosure.

Some individuals may not want to provide information to us. The information we request is relevant to providing them with the care and services they need. If the individual chooses not to provide us with some or all of the information we request, we may not be able to provide them with the care and services they require.

Access

You have a right to request that we provide you access to the Personal Information we hold about you (and we shall make all reasonable attempts to grant that access) unless providing access:

- i) is frivolous or vexatious;
- ii) poses a serious threat to the life or health of any individual;
- iii) unreasonably impacts upon the privacy of other individuals;
- iv) jeopardises existing or anticipated legal proceedings;
- v) prejudices negotiations between the individual and us;
- vi) be unlawful or would be likely to prejudice an investigation of possible unlawful activity;
- vii) an enforcement body performing a lawful security function asks us not to provide access to the information; or
- viii) giving access would reveal information we hold about a commercially sensitive decision making process..

Requesting access

Requests for access to information can be made in writing and addressed to the Privacy Officer. We will respond to each request within 30 days.

Grievance Procedure

How to make a complaint

If you wish to make a complaint about the way we have managed your Personal Information you may make that complaint verbally or in writing by setting out the details of your complaint to any of the following:

Our Privacy Officer or Delegate

Phone: 03 94041490

Fax: 03 94044390

Email: rhonda@sancarlo.com.au

Privacy Officer

We have appointed a Privacy Officer to manage and administer all matters relating to protecting the privacy of individual's Personal Information.

The Privacy Officer can be contacted if any relevant person wishes to obtain more information about any aspect of this policy or about the way in which we operate to protect the privacy of individual's Personal Information.



San Carlo Homes For The Aged Ltd

Consumer Privacy Agreement Consent Form cont.

As stated above, complaints may also be made to the Privacy Office if any person suspects we have breached this Privacy Policy, the Australian Privacy Principles or they are otherwise unhappy with the management of their or if they are responsible for another person, that person's Personal Information.

Consumer Name: _____ Date of Birth: _____

I, the under signed, understand that I have been provided with this Consumer Privacy Agreement that explains all responsibilities as noted in the APP the Australian Privacy Principles (APP), as set out in the *Privacy Act 1988* (Cth) and the *Privacy Amendment (enhancing Privacy Protection) Act 2012* (Cth) and approve the collection and usage of my personal information including sensitive health information from all practical sources including my family, doctor and hospital and consent the collection and use of such information where necessary to meet my needs. I also acknowledge that a copy of my Agreement to Pay will be provided to any person guaranteeing and/or paying my accounts

Date: ____/____/____

<p>Name: _____</p> <p><input type="checkbox"/> Consumer <input type="checkbox"/> POA/NOK (please tick one)</p> <p>Signature: _____</p>	<p>Witness Name: _____</p> <p>Witness Signature: _____</p>
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San Carlo Homes For The Aged Ltd

Permission for Medical Information transfer to Lalor Clinic General Practitioners

Applicant or Power of Attorney/Guardian to complete the details below:

Dear Dr.	(Your Current GP's Name)
Of:	(Clinic's Name)
	(Clinic's Address)
Ph:	(Clinic's Phone Number)
Fax:	(Clinic's Fax Number)

I (name of person requesting information) _____
request that the information regarding -

Title ____ First Name _____ Surname _____

D.O.B. _____

Address _____

Be forwarded to:

Dr Claude Baldi / Dr John Portelli (Lalor Clinic)
c/o San Carlo Homes for the Aged Ltd
970 Plenty Road South Morang, Vic 3752
or by Fax: 9404-4390
Email: ann@sancarlo.com.au

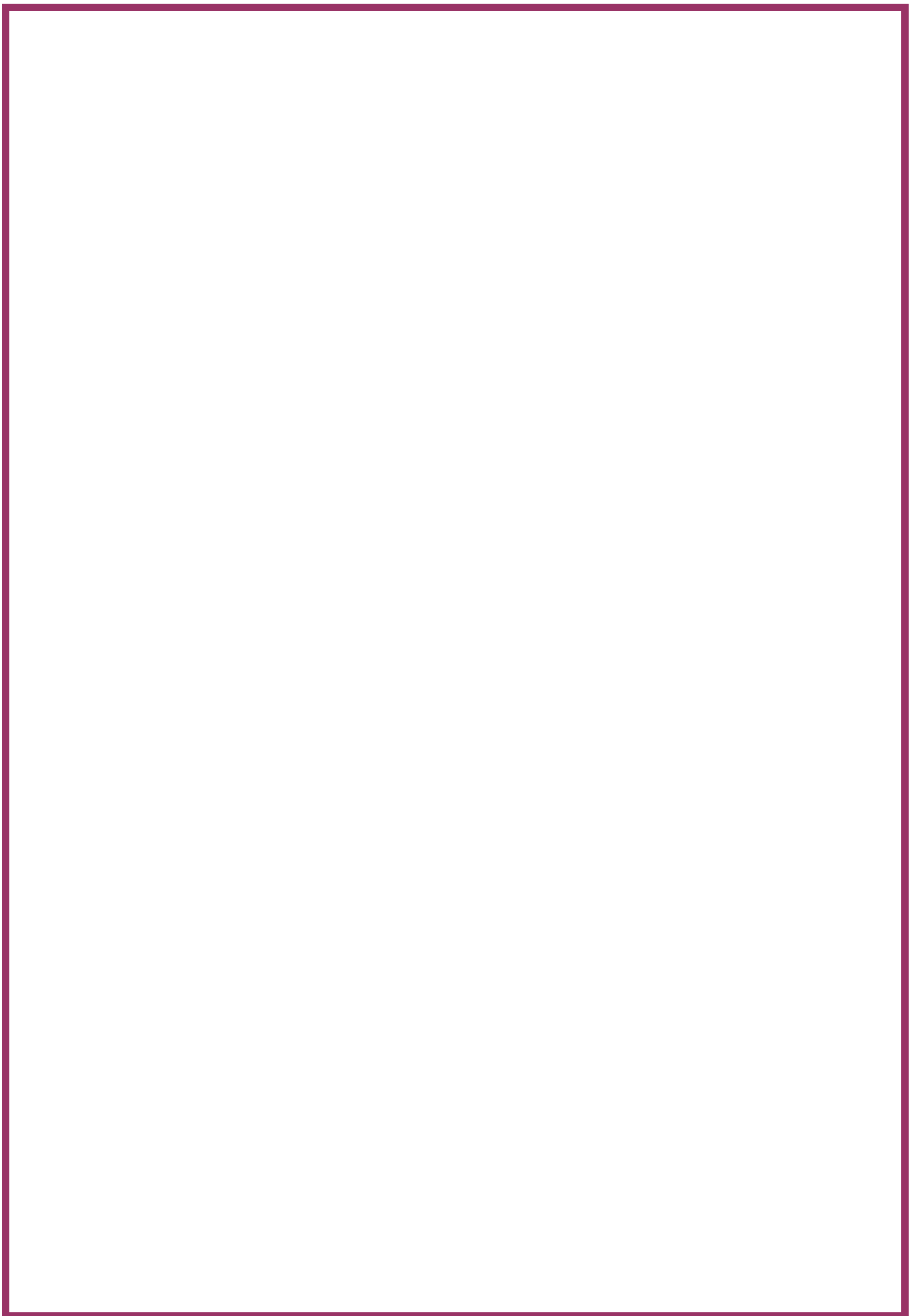
I am the applicant's Power of Attorney /Guardian
(Please attach a copy of POA/Guardianship)

I am the applicant

Signature _____ Date _____

Information required:

- Current Medical Surgical and Care Issues requiring interventions
- Past medical and surgical history
- Current medication regime
- Recent pathology and other tests as applicable





San Carlo Homes For The Aged Ltd

Medication and Herbal Remedies Including Creams and Lotions

San Carlo Homes for the Aged respects the consumer rights to independence in both administrations of medications where safely possible and decision making in relation to care including medication use.

We are however obliged to ensure safe and appropriate administration and storage of medications. Consumers requesting to self-administer will be formally assessed by medical staff as to their capacity to do so.

We therefore request consumers and families inform the facility of all medications in their possession and also inform us if they wish to have other items supplied or use other products. The medications can then be discussed with the treating GP and any interactions with prescribed medications addressed.

All medication items will need to be stored in a safe an appropriate manner which may be outside of a consumers own room. This includes over the counter products, creams, lotions and herbal remedies. Should medications be brought into the facility by the family or requested by consumers, we request the facility staff be informed.

I _____ on (Date) _____

HAVE READ THE ABOVE CONTENT AND AM AWARE OF THE FACILTY REQUEST.

Signature _____



San Carlo Homes For The Aged Ltd

Request for Laundry Labels

As part of the laundry service and to help our staff to keep track of your clothing, it is a requirement upon entry to San Carlo Homes for the Aged Ltd that all items of clothing are labeled with the specific label designed for you. These labels can be provided on/or prior to admission.

Staff will attach labels to the clothing for a fee. \$100 for 200 or \$50 for 100 \$25 for 50 (fee includes labels). These labels are heat sealed onto the clothing, they last for approximately 2 years; the process does not harm the garment and the labels are printed by computer in indelible ink.

Name of consumer:				
Date of admission:				
Number of labels requested:	200	100	50	(please circle)
Applicable Fee:	\$100	\$50	\$25	(please circle)
This fee will be invoiced to your consumer account				
Signature Authorising Request: _____				

(Office use)

Email for request of labels sent (date): _____

Consumer/relative provided information regarding laundry: _____

Labels delivered and attached: _____



San Carlo Homes For The Aged Ltd

Consent Form

For Use of Photos/And Or Personal Information

Permission for Consumer's photo and/or personal information to be used by San Carlo for the purpose of Medication Charts, assessments, iCare consumer management program and newsletters etc.

Consumer Name _____

POA/Guardian (if applicable) _____

Permission given: Yes No

Signed: _____ Date: ___/___/___

Consumer/Consumer's POA/Guardian

Do you wish to have your name on your door?

Permission given: Yes No

Signed: _____ Date: ___/___/___

Consumer/Consumer's POA/Guardian



San Carlo Homes For The Aged Ltd

Emergency Evacuation Plan

To Whom It May Concern

As part of our Emergency Evacuation Plan, San Carlo Homes for The Aged is compiling individual Emergency Plans for each consumer. This will include a relocation place that each consumer will be taken to.

To assist us with this, could you please complete the information required below and return to San Carlo as soon as possible.

Consumers Name: _____

If an emergency evacuation of San Carlo is required are you able to take consumer home?

Please tick answer:

Yes No

- If Yes how long could you have consumer home for: _____
- Name of Person taking consumer home: _____
- Address/Telephone No. that consumer will be going home to:

Telephone No: _____

Will you be able to pick consumer up from San Carlo?

Yes No

If No, would you require San Carlo to organize transport i.e. Maxi Taxi.

Yes No

If yes, please see Nurse in Charge of your loved ones unit to complete the Emergency Evacuation Care Plan.