**COVID-19 Consent Form for Obtaining/Releasing Personal Information**

|  |  |
| --- | --- |
| Given Name: |  |
| Surname: |  |
| Strata Plan Number: |  |
| Unit Number: |  |
| Strata/Property Manager Name: |  |
| Strata/Property Manager Email: |  |
| Strata/Property Manager Phone: |  |

**Owner Occupier/Tenant’s Declaration**

I have discussed this consent form with my strata scheme/property managing agent representative. I understand that any information collected will be kept in a confidential case file, with access restricted to those who are directly responsible for coordinating and monitoring my recovery from COVID-19.

I understand that my strata/property managing agent will:

• only collect personal and health information that is relevant and necessary to manage my recovery in the strata scheme

• only use and disclose information for the purpose for which it was collected

• keep any information collected separate from my other strata/property management records

• take reasonable steps to protect my information by ensuring it is stored securely, kept no longer than necessary and disposed of appropriately

• allow me to access my information without unreasonable delay, unless providing access would be unlawful or pose a serious threat to another person’s life or health.

Considering the above, I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name] authorise and consent to my strata/property managing agent collecting, using and disclosing personal and health information relevant to managing my recovery in the strata scheme with my support team identified below:

|  |  |
| --- | --- |
| Nominated Treating Doctor |  |
| Allied health treatment practitioner\* |  |
| Other representative (specify) |  |

I understand my consent is voluntary and I may change or withdraw this consent at any time by notifying my strata /property managing agent.

Resident Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Strata Scheme/Property Agent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Interpreter Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals, or as a substitute for legal advice. A strata scheme/property managing agent is responsible for ensuring that it complies with the relevant privacy laws. You should seek independent legal advice if you need assistance on the application of the law to your situation

\*Allied health professions are health care professions distinct from dentistry, nursing, medicine, and pharmacy. They provide a range of diagnostic, technical, therapeutic, and support services in connection with health care.