Appendix 15: Visitor log template

Visitor log Room no. _____						
Date	**Visitor name**	**Suburb of residence**	**Phone number**	**Time IN**	**Time OUT**	**Initial**

When sheet is full please return to Nurse Unit Manager.

Privacy notice: Personal information collected by <insert name of local HHS> Hospital and Health Service is handled in accordance with the Information Privacy Act 2009. The Hospital and Health Service is collecting the above information to allow for timely contact tracing. All personal information will be securely stored and only accessible by the Nurse Unit Manager. The personal information collected may be given to authorized contact tracing officers for the purpose of contact tracing. Personal information will not be disclosed to other third parties without consent, unless authorized under legislation. For information about how the Hospital and Health Service protects your personal information please refer to our Privacy Policy <insert link to HHS Privacy Policy>.