

Privacy statement – please read carefully

We are collecting your personal information under authority of the *Private Health Facilities Act 1999* (PHF Act). Queensland Health manages your personal information in accordance with the PHF Act and the *Information Privacy Act 2009* and Privacy Principles. The information is being collected for the purposes of exercising our statutory functions and activities and to ensure that risks arising from the provision of healthcare in a licenced private hospital are appropriately managed. We may receive information about you from a third party. If this information is relevant to our work, we will take reasonable steps to notify you of certain matter about this information. All personal information is securely stored and only accessible by Queensland Health. Your personal information will not be disclosed to any other third parties without consent unless the disclosure is authorised or required by law. If you provide us with the personal information of a third party, please ensure you have the consent of the individual concerned before sharing it with us. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au/global/privacy.

Section 1 – Licensee details

Name of Licensee / approval holder

Details of the authorised representative / contact person

Title	Given name	Surname	Position title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact mobile number

Contact email address (direct)

Section 2 – Details of storage arrangements for hospital records post surrender

Select type of files requiring storage

Name/s of company responsible for storage

Address of storage

Contact details for access to records if required

Title	Given name	Surname	Position title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact mobile number

Contact email address (Direct)

Section 3 – Declaration

Pursuant to section 37 or 77 of the *Private Health Facilities Act 1999*, as applicable, I hereby surrender the above licence/ approval to the Chief Health Officer, Queensland Health.

- I declare that I have the authority to surrender this licence / approval on behalf of the licensee.
- I declare that, to the best of my knowledge, all information provided in, and with, this form is true and correct in every detail.
- I declare that I will return the licence / approval to the chief health officer within 7 days of the surrender taking effect.

NOTE: This surrender takes effect 30 days after the date notice is give. If a later date is required, please provide date you wish surrender to take effect

Authorised representative

Title	Given name	Surname	Position title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of licensee's authorised representative			Date (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>