



# An invitation to join / rejoin Hepatitis NSW

**PO Box 432  
DARLINGHURST NSW 1300  
Or fax: 02 9332 1730**

## About us

We are a community-based, non-government, membership organisation and a health promotion charity. Our role is to work in the best interests of and provide services for people affected by viral hepatitis in NSW.

Hepatitis NSW is overseen by a voluntary board of governance, mainly made up of people elected by the membership. Although primarily funded by NSW Health, we rely heavily on the involvement and financial support of our members.

## Privacy policy

Hepatitis NSW respects and upholds your right to privacy protection. In accordance with National Privacy Principles, we have a detailed policy and set of procedures regulating how we collect, use, disclose and hold your personal information.

For a copy of the policy, please contact us on 02 9332 1853 (Sydney and interstate callers), or 1800 803 990 (NSW regional callers), or visit our website: [www.hep.org.au](http://www.hep.org.au)

## Membership

Our membership year begins on 1 March and runs to the end of February the following year. All members (including Zero Fee members) are required to renew their memberships annually to retain member benefits.

## For NSW health care workers

One of our services is the NSW **Hepatitis Helpline**, an information and support phone line whose staff are able to refer callers to a range of services and health care workers in their local area (within NSW only).

If you want to be listed on our database as a referral option, please indicate on this form and return to us by fax or post. We will provide posted regular hepatitis information.

**The Hep Review**, the most widely-read hepatitis publication in NSW, targeting both people affected by hepatitis C and health care workers, is provided free to all members of Hepatitis NSW.

If your service has clients or patients who may be interested in **The Hep Review** please indicate the number of extra copies you would like to receive.

1. Please complete A or B or C, then complete other side

### A. For people affected by hepatitis or other interested people

Name			
Postal address			
Suburb/town			
State		Postcode	
Home phone		Email	

### B. For individual healthcare or related professionals

Name			
Occupation			
Postal address			
Suburb/town			
State		Postcode	
Work phone		Work fax	
Mobile		Email	
May we list you on our referral database?			
Free copies of <i>The Hep Review</i> required		1	2 5 10 20 50 80 160

### C. For agencies, organisations and companies

Name of agency			
Contact person			
Position			
Postal address			
Suburb/town			
State		Postcode	
Work phone		Work fax	
Mobile		Email	
May we list you on our referral database?			
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