

Privacy Consent form

As a patient of our medical practice we require you to provide us with your personal details and a full medical history, so that we may appropriately assess, diagnose, treat, and be proactive in your health care needs.

We aim to protect the privacy and secure storage of your health information. You can request a copy of our privacy policy, which includes information about the collection, use, and disclosure of your health information.

We require your consent to collect personal information about you and to use the information you provide in the following ways:

- Administrative purposes in running our medical practice.*
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.*
- Disclosure to others involved in your healthcare including treating doctors and specialists outside this medical practice. This may occur though referral to other doctors, or for medical tests and in the reports or results returned to us following referrals.*
- Disclosure to other doctors in the practice, registrars and locums attached to the practice for the purpose of patient care and teaching.*
- For research and quality assurance activities to improve individual and community health care and practice management. Usually information that does not identify you is used but, should information that will identify you be required, you will be informed and given the opportunity to "opt out" of any involvement.*
- To comply with any legislative or regulatory requirements e.g., notifiable diseases.*
- For reminder letters which may be sent to you regarding your health care and management.*

You can decline to have your health information used in all or some of the ways outlined above but it may influence our ability to manage your health care and to provide the best outcome for you.

Please read this consent form carefully, and sign where indicated and return to reception.

Signature (parent or guardian to sign on behalf of a minor): Date:...../...../.....



Welcome to our Practice