

Company Name

Address Line 1
Address Line 2
Address Line 3

Phone:
Fax:
Email:

Patient Consent to Collection of Personal Information

Collection of Personal Information, Privacy Act 1988 (Cth) and HRIP Act 2002 (NSW)

At **XX** we collect information from you for the primary purpose of providing quality healthcare. We require you to provide us with your personally identifiable details and a full medical history so that we may properly assist, diagnose and treat illnesses and be proactive in your healthcare.

We will 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
- Training and quality improvement in the service we provide to you
- To communicate with you regarding your healthcare and our services to you.
- When necessary to communicate with another person you nominate (e.g. your next of kin/ emergency contact)

We may also need to disclose some of the information you provide to people outside our practice such as:

- Our, or your agents or affiliates who help us provide services to you (through means such as postal, telephone (voice mail and text messaging), email and electronic transmissions, typing or other IT services)
- People you ask us to contact on your behalf (for example, next of kin or emergency contact)
- Your referring practitioner or GP
- Others involved in your healthcare, such as medical specialists, allied health practitioners or other health service providers outside this medical practice with your prior permission.
- The Health Insurance Commission (Medicare), your Private Health Insurer or other Government or regulatory agency where we are bound to disclose your information
- The Courts or legal officers for legal purposes or upon subpoena
- For research and audit activities to ensure patient and the community receive the highest standard quality healthcare. Only non-identifiable information is used in these circumstances.

I have read the information above and understand the reasons why my information must be collected. I understand that I am not obliged to provide information requested of me but failure to do so might compromise the quality of the healthcare and treatment given to me or make it impossible for us to provide care at all.

I am aware that **XX** has a privacy policy (summary available upon request or you can visit the website “The Office of the Australian Information Commissioner” at www.oaic.gov.au) which contains information about accessing and seeking correction of personal information, privacy complaints handling process and whether the practice is likely to disclose personal information to overseas recipients.

I am aware of my right to access the information collected about me, except in circumstances where access might be legitimately withheld.

I understand that if my personally identifiable information is to be used for any purpose other than set out above, my further consent will be obtained.

If any changes are made to the consent form at any time I will be made aware of the same and asked to sign the revised consent form.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure for which I notify the practice:

Name: _____

Date: _____

Signed: _____