

Health Record and Information Privacy Act 2002

The *health record and information privacy act 2002* requires medical practitioners to obtain consent from their patients to collect, use and disclose the patients personal information.

To accurately advise and treat your condition the following information will be collected: Full medical history, Family medical history, Genetic information, Medicare Details, Contact details, Ethnicity, Private fund details, Billing/Account information.

There may be occasions where it is necessary to obtain medical information from other sources such as other medical practitioners or health practitioners (nurses, psychologists etc), hospitals or day stay units. Your doctor or surgery staff may participate in the collection of this information.

With your consent your information will be **used and disclosed** for purposes such as:

- Advice on treatment options
- Referral to another medical practitioner or healthcare provider
- Referral to a hospital for treatment/advice
- Corresponding with your local or referring doctor and/or other relevant health personnel
- Sending of specimens, such as blood/swabs or tissue samples for analysis
- Storage of your medical records within the practices computerised and hard copy system
- Account keeping and billing
- The management of our practice
- To prevent or lessen a serious threat to an individual's life, health or safety where legally required to do so, such as providing records to court, mandatory reporting of child abuse or notification of diagnosis of certain communicable diseases
- For internal staff and student training
- Taking of medical photography
- Clinical monitoring and research, with personal details removed (de-identified)

PRIVACY CONSENT

In accordance with the Privacy Legislation (Privacy Act 2002), I hereby consent to mine or my child's information being collected and released, if necessary, to assist in mine OR my child's continuing care and treatment. A copy of the Practice's Privacy Policy is available at reception

Name in Full: _____

Signed: _____

Dated: _____