

# **PRIVACY ACT 1988**

## **PATIENT CONSENT**

### **TO COLLECT & DISCLOSE INFORMATION**

#### **PLEASE READ AND SIGN**

A recent amendment to The Privacy Act 1988 now requires medical practitioners to obtain consent from their patients to collect, use and disclose that patient's personal information.

#### **COLLECTION**

This means we will collect information that is necessary to properly advise and treat you. Such necessary information may include:

- full medical history;
- family medical history;
- ethnicity;
- contact details;
- Medicare / private health fund details;
- genetic information;
- billing / account details;

The information will normally be collected directly from you. There may be occasions when we will need to obtain information from other sources, for example:

- other medical practitioners, such as former GPs and specialists;
- other health care providers, such as physiotherapists, occupational therapists, psychologists, pharmacies, dentists, nurses, and
- hospitals and Day Surgery Units.

Both our practice staff and the medical practitioners may participate in the collection of this information. In emergency situations we may need to collect personal information from relatives or other sources where we are unable to obtain your prior express consent.

#### **USE AND DISCLOSURE**

The practice staff will use and disclose your information for purposes such as:

- account keeping and billing purposes
- referral to another medical practitioner or health care provider
- sending specimens, such as blood samples or swabs for culture, for analysis
- referral to a hospital for treatment and/or advice
- advice on treatment options
- the management of our practice
- quality assurance, practice accreditation and complaint handling
- to meet our obligations of notification to our medical defence organisations or insurers
- to prevent or lessen a serious threat to an individual's life, health or safety; and
- where legally required to do so, such as producing records to court, mandatory reporting of child abuse or the notification of diagnosis of certain communicable diseases
- the preparation of legal reports for lawyers, insurance companies etc when you attend for this purpose or if you give consent for such a report to be prepared regarding our care to you.

## ACCESS

You are entitled access to your own health records at any time convenient to both yourself and the practice.  
Access can be denied where:

- to provide access would create serious threat to life or health;
- there is legal impediment to access;
- the access would unreasonably impact on the privacy of another;
- your request is frivolous;
- the information relates to anticipated or actual legal proceedings and you would not be entitled to access the information in those proceedings; and
- in the interest of national security

Such a request should be in writing. We may impose a charge for photocopying or for staff time involved in processing your request. Where you dispute the accuracy of the information we have recorded you are entitled to correct that information. It is our practice that we will take all steps to record all of your correction, and place them with your file but will not erase the original record.

## CONSENT

I provide my consent for Dr Henley Harrison or his agents to collect, use and disclose my personal information as outlined above.

I understand that I may withdraw my consent as to use and disclosure of my personal information (except when legal obligations must be met).

Patient Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
(patient)

Witnessed: \_\_\_\_\_

Witness print name: \_\_\_\_\_

Interpreter (if appropriate) print name: \_\_\_\_\_

Interpreter Signed: \_\_\_\_\_

Date: \_\_\_\_\_