



PRIVACY ACT 1988 **Patient Consent to Collect & Disclose Information**

The Privacy Act 1988 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 and HIC Online;
- Private health fund details;
- Genetic information; and
- 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 your previous doctor and any specialists;
- Other health care providers, such as physiotherapists, occupational therapists, psychologists, pharmacists, 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 consent.

USE & DISCLOSURE Your **Personal Health Information and your Medical Record** may be collected, used and disclosed for the following reasons:

- For communicating relevant information with other treating doctors, specialists or allied health professionals
- For follow up reminder / recall notices
- Accounting/Medicare/Health Insurance procedures
- Verification through PRODA/HPOS (Health Professionals Online Services) for Medicare eligibility criteria
- Quality Assurance activities such as accreditation
- For disease notification as required by law (e.g. infectious diseases)
- For use by all doctors in this group practice when consulting with you
- For legal related disclosure as required by a court of law (e.g. subpoena, court order, suspected child abuse)
- For research purposes (de-identified, meaning you are not able to be identified from the information given)

please turn over

If you have any concerns or wish to restrict access to your personal health information please discuss these with your doctor or receptionist.

ACCESS

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

- To provide access would create a serious threat to life or health;
- There is a 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 interests of national security.

We ask that, where possible, your request 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 policy that we will take all steps to record all your corrections, and place them with your file but will not erase the original record.

CONSENT

I provide my consent STIRK MEDICAL GROUP to collect, use and disclose my personal information as outlined above.

I understand that I am entitled to access my own health records except where access would be denied 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: _____

DOB: _____

SIGNED: _____
(Patient)

WITNESS NAME: _____
(Staff member)

SIGNED: _____

DATE: _____

For office use only

Entered data

Date

Initials