

Privacy Statement & Consent

Patient Details

Title: Mr Mast Mrs Miss Ms

Family Name: _____

Given Name: _____

Preferred Name: _____

Date of Birth: ____/____/____

Sex: Male Female

Genderqueer/Non-Binary Prefer not to disclose

Ethnicity – What is your predominant heritage?

Australian, non-indigenous

Aboriginal or Torres Strait Islander

Other: _____

Street No & Name: _____

Suburb: _____ Postcode: _____

Home No: _____ Work No: _____

Mobile No: _____

Email: _____

(Please indicate your preferred method of contact above)

Our practice provides patients with preventative health care & early case detection reminders either directly or through state/national registers eg. Annual health checks, immunisations, pap smears, health information sessions, clinics.

Do you consent to relevant reminders? Yes No

Medicare No (1): _____

Position on card (2): ____ Expiry Date(3): ____/____



Health Care Card Pension Card

No: _____ EXP: _____

DVA No: _____ Type: _____

Next of Kin:

First Name: _____ Last Name: _____

Contact No: _____

Relationship: _____

Allergies: Y N Please Specify: _____

I understand that Medical on William complies with the *Privacy Act 1988* (Cth) and the *Privacy Amendment Act 2000* (Cth) and as part of their Privacy Policy they are committed to protecting the privacy of the personal information of individuals. The purpose of collecting my personal details is to provide quality medical and health services and related account keeping. I understand that I have the right to request access to my information. Medical on William makes every effort to keep my data in accordance with the National Privacy Principles and keep my records accurate and up to date. I understand that I may withdraw my consent for Medical on William to use and disclose my personal information (except where legal obligations are met).

Collection, Use & Disclosure:

We recognize that the information we collect is often of a highly sensitive nature and as an organization we have adopted the highest privacy compliance standards relevant to ensure personal information is protected.

We are a service company to the medical practitioners who provide services at our practice. For administrative and billing purposes, and to enable the patient to be attended by other practitioners in our practice, patient information is shared between the practitioners who attend a patient. We (on behalf of) and the practitioners may collect personal information (including health information) regarding patients for the purpose of providing medical services and treatments to patients. Personal information collected will generally include, the patients name, address, telephone number, and Medicare number, health care fund, current drugs or treatments used by the patient, previous and current medical history, including where clinically relevant a family medical history, and the name of any health service provider or medical specialist to whom the patient is referred, copies of any letters of referrals and copies of any reports back.

By signing below, I the patient (or the parent/legal guardian of the patient) have read and consent to the above and acknowledge that personal information collected by us may be used or disclosed:

Medical on William will be collecting, using, storing and disposing of my personal information

The release of relevant personal information to other health professionals to allow quality medical care e.g. specialists, pathologists, usual GP, some fees may be incurred for transfer of records I acknowledge that any additional visits to external service providers such as pathology, specialists, imaging etc may incur an additional fee that is independent to the fees associated with Medical on William To have my records reviewed by an Accreditation Surveyor as part of this practices accreditation process should my records be randomly chosen for quality assurance, for training, billing, liaising with government offices regarding Medicare entitlements and payments and as may be required by our insurers. DE identified data collection for research and population health planning purpose. The release of relevant personal information to my employer/prospective employer, their authorised representative and their insurer in the case of a work related consultation of service.

Medical on William will use your mobile phone number and email address for the purpose of SMS/email recall/reminder and health related systems. Medical on William will use your email address provided on this consent form for the sending scripts/referrals relating to you health.

Medical on William will collect information necessary for your treatment.

This may include Full Medical and Psychological History; where there is a serious and imminent threat to an individual's life, health, or safety, or a serious threat to a public health or public safety or as required under compulsion or law consent my treating GP to bill Medicare for appropriate MBS item number in relation to my consultation/s and or treatment/care

We may access information:

provided directly by the patient

provided on a patient's behalf with the patient's consent

from a health service provider who refers the patient to medical practitioners,

from health service providers to whom patients are referred

Other than as described in the Policy or permitted under the National Privacy Act, Medical on William uses its reasonable endeavour's to ensure that identifying health information is not disclosed to any person.

Signed: _____

Dated: _____