

PRIVACY POLICY STATEMENT AND CONSENT FORM

This Practice provides high quality continuing patient care. In compliance with privacy legislation and consistent with maintaining confidentiality and trust, the practice wishes to inform you:

Information collected about you requires your consent.

Disclosure of this information can be for the following purposes:

- (a) Diagnosis and treatment of your problem including communication with practice staff, specialists and other health care providers involved in your care.
- (b) Health-care preventative type.
- (c) Accreditation and quality assurance.
- (d) Billing and collection of professional fees.
- (e) Teaching and research
- (f) For work related or medico-legal reasons.
- (g) We only ask for information that we need to provide services to you.
- (h) We require your consent to use this information for any of these purposes.
- (i) By writing to your specialist you can request access to information we hold about you. You will be liable for reasonable administration costs incurred providing this information.
- (j) An explanation will be provided to you if legislation prevents certain information from being disclosed to you.
- (k) You can discuss any concerns about how we handle your information.

By submitting the Patient Registration Form you agree to the following:

I CONSENT to the Practice collecting personal information about me. I understand the purpose of the collection of this information is to provide continuing medical services to me.

I understand that my Doctor may use the information for purposes related to my continuing care and may disclose information to other health care providers or organisations, which require this information to provide and maintain this continuing care. I have no objection to this.