

PATIENT CONSENT TO COLLECT & DISCLOSE INFORMATION

PRIVACY ACT: The Privacy Act 1988 and the National Privacy Principles require medical practitioners to obtain consent from their patients for collection, use and disclosure of that patient's personal information.

Collection:

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 and 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, including, but not limited to:

- My Health Record
- Other medical practitioners, such as former GPs and specialists
- Other health care providers such as physiotherapist, occupational therapists, psychologists, pharmacists, dentists, nurses, radiologists pathologists, 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 & Disclosure

With your consent, your treating doctor and 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 biopsies for analysis
- Referral to 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 a serious threat to an individual's life, health or safety
- Where legally required to do so, such as producing records to Court, mandatory reporting of child abuse or the notification of certain communicable diseases.

Storage & Transmission

With your consent, this Practice will store the information it collects in formats including, but not limited to, hard copy and/or electronically and that transmission of such information is conducted by, but not limited to post, fax and email, both standard and secure encrypted email when available at the receiving end.

My Health Record

North Coast Surgical Suite has practice management software that can access My Health Record to allow the treating doctors access to a patients complete medical history for optimal medical treatment. All North Coast Surgical Suite Staff are trained in and follow the strictest confidentiality requirements.

When signing the patient consent document you will be given the option to consent to the accessing of information in your My Health Record.