Privacy Policy
& Consent to Share Information

As a health practitioner, I respect your right to privacy. This privacy policy has been set out to inform you of the way in which any personal information that you relate to me during an appointment will be used.

I protect any information given using appropriate physical, electronic, and managerial procedures to prevent unauthorised access and ensure that the information is used correctly.

CONTACT DETAILS:

Your contact details will be kept in your records and may be used for billing purposes, updates, and relevant information regarding current health issues.

PERSONAL AND HEALTH RELATED DETAILS:

Any information that you disclose as a client will remain strictly confidential unless you specifically request otherwise, or it is otherwise required by the laws governing the state of New South Wales or Australian Federal Law. (see below)

EXCEPTIONS TO PRIVACY:

There are some situations in which I am legally obligated to take action to protect others from harm, even if I must reveal some information about a patient's treatment. For example:

- If I believe that a child, elderly, or disabled person is being abused, as a mandatory reporter, I must file a report with the appropriate state agency – Department of Communities and Justice (DCJ) for further investigation.
- When the purpose is to protect individuals (including the client) who are at foreseeable and imminent risk of bodily harm or death because of a client's actions.
- Under subpoena from a court of law. You will be notified if a subpoena is presented for your file notes prior to them being given over.
- If you disclose in confidence that you have done something illegal, your practitioner is not obligated to report this to the authorities, unless the circumstances involved child abuse, abuse against a dependent adult, or a direct threat to another person (as outlined above).

RIGHT TO DISCLOSURE:

Please circle your preference for the following:

1. *I give permission for my practitioner to confer with colleagues as needed, regarding my case using de-identified information, to provide you with optimal health care.* **YES NO**

2. *I give consent to share information with other relevant health care professionals if needed. This will be done in consultation with me prior to the release of any information (eg: Homeopath, Naturopath, other complementary practitioners, medical doctor, chiropractor etc)*

   YES NO

3. ***This consent covers the following individuals (Parents/Guardians please add your child's name)***

4. ***I understand that the advice received does not at any time substitute for medical advice/care.***

NAME:

SIGNED DATE:

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