

New Horizon Brace & Limb Service



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:

- Medical history
- Billing/account details
- Medicare/private health fund details
- Family, social & employment history
- Name, address & contact 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:

- Hospitals and Day surgery Units
- Medical imaging practices
- Other medical practitioners, such as your GPs and specialists
- Other health care providers, such as physiotherapists, psychologists, pharmacists, dentists, nurses. Both our practice staff and Clinicians may participate in the collection of this information.

Use & Disclose

With your consent, the practice staff will use and disclose your information for purposes such as:

- To supply results/reports/recommendations to your referring doctor pertaining to your medical management
- Advice on treatment options
- To provide information or medical reports in relation to workers compensation or motor vehicle claims to insurers
- Quality assurance, practice accreditation and complaint handling
- Referral to another medical practitioner, health care provider or medical imaging provider
- The management of our practice
- To prevent or lessen a serious threat to an individual's life, health or safety
- Account keeping and billing purposes
- Collecting unpaid examination fees due
- Where legally required to do so, such as producing records to court, mandatory reporting of child abuse or the notification of diagnosis of certain communicable diseases
- To meet our obligations or notification to our medical defence organisation or insurers.

Access

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

- Your request is frivolous or vexatious.
- There is a legal impediment to access
- In the interest of national security
- The access would unreasonably impact on the privacy of another
- To provide access would be a serious threat to your life or health
- The information relates to anticipated or actual legal proceeding and you would be entitled to access the information in those proceedings



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Consent

I provide my consent for New Horizon BLS to collect, use and disclose my personal information as outlined above.

I provide consent for my results/images to be sent to my medical practitioner, health care provider or medical imaging provider by facsimile or electronic transmission.

I provide consent for messages to be left with immediate family members/defacto partner (e.g. Appointment confirmation).

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 the use and disclose of my personal information (except when legal obligations must be met).

Signature: _____

Address: _____

Print Name: _____

Date: ____/____/____

