

### PRIVACY POLICY

We require your consent to collect personal information about YOU. Please take the time to read the following information concerning our policy in protecting your privacy in this practice. Our privacy policy was last updated in September 2024.

Your privacy is important to us. Our practice collects information from you for the primary purpose of providing quality health care. This privacy policy describes our policies and procedures on the collection, use, and disclosure of your personal information. Legislation requires that we provide this information to you in an accessible form and indicate to you how we meet the standards required by legislation. To put it quite simply we collect information that is **ONLY** relevant to the delivery of best possible health care to you, in our efforts to return you to good health. This information obtained will, in every case, be treated confidential, and be protected from unwanted access by other parties, who you would not normally expect to be involved in the delivery of your health care. We require you to provide us with your personal details and full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs.

#### What personal information is and/or may be collected:

- **Identification and contact details;** full name, gender, date of birth, postal address, phone number/s, email address, emergency contact/next of kin, medicare, private health, dva, concession cards.
- **Providers involved in your care (past & present);** Referring doctor, GP, Specialist/s, Allied health providers etc
- **Health summary;** general health, past medical history, family history, medications, activities of daily living and hobbies, occupation and employer, power of attorney, health directive.
- **Radiology;** imaging and reports
- **Photography;** Pre and post surgery content
- **Employment/Worker's compensation/Third party information;** employer, insurer, notice of claim, host employment, return to work rehab provider etc
- **Solicitor** (CTP/medical negligence claims)

#### How does this practice collect your personal information:

We collect this information when you call to book an appointment over the phone, via direct referral from either your GP/Specialist, by e-mail, when you complete our online/paper new patient registration form, or occasionally you can be asked to return this information by secure messaging, and during the consultation interview process.

#### Who does this practice disclose your personal information to (if applicable):

- **Other health care providers relevant to the treatment of your condition ie your referring doctor, your regular GP, other Specialists, Physiotherapist and/or Occupational/hand therapist, Radiology providers;** This may occur through referral to other doctors, or for medical tests. It may be necessary for Dr Hope to contact previous medical practitioners involved in your care to help clarify some areas of information. You will need to advise me and my team if you do not wish for us to contact a past medical practitioner, but note that limitation of information about you and your condition may bear the consequences with respect to treatment I propose for your condition.
- **A parent/legal guardian** (if the patient is under 16 years of age)
- **Next of kin**
- **Holder of POA**
- **Hospitals, Anaesthetist/s, Health funds, Medical device companies** (should surgery be required)
- **Government agencies such as Medicare, Centrelink and Veterans' Affairs**
- **Entities such as Insurance, worker's compensation and superannuation companies, and/or solicitor/law firms**
- **Your workplace;** (ie. for the purposes of assisting you with your gradual return to work). If you do not want us to have contact with your workplace, but rather your insurer only, you will need to put this request in writing to [bhoffice@drbenhope.com.au](mailto:bhoffice@drbenhope.com.au) Unless you revoke consent here we will presume you are happy for us to liaise with your workplace.
- **Research parties;** your de-identified medical records MAY be used for research

*It is also important to realise that some of your personal information may be shared with other third party service providers engaged by Dr Hope, ie. IT services, secure payment services, marketing and research.*

#### **Protecting and storing your personal data:**

Our practice takes all reasonable steps to ensure your personal information is protected, stored securely and kept up to date at all times. We regularly monitor and update our cyber security defences to ensure our network is safe from malicious attacks. Our office equipment is password protected and where practically possible correspondence containing your personal information is sent securely through our software provider using two-factor identification. My staff are well educated, and invested in protecting your personal information, and maintaining a strong safety culture in our practice.

#### **Contacting you via e-mail and SMS:**

Our practice uses SMS and e-mail platforms to correspond with you regarding treatment. Please understand that whilst we generate these messages via a safe and secure platform, they will be transmitted over a public network onto a personal device that may not be secure.

#### **Accessing your personal information:**

If you have any questions about our privacy policy, or complaints about how we have handled your personal information, or you would like to update your details, or you would like to access the personal information we hold about you please e-mail our office [bhoffice@drbenhope.com.au](mailto:bhoffice@drbenhope.com.au) and we will respond to you in a reasonable time frame. Please note that Dr Hope reserves the right to charge a fee for the release of your personal medical information to yourself or a third party. Please note that any insurer reports will be withheld from being released to you as they are the property of the requested party.

#### **CONSENT:**

- I recognise that this practice has a Privacy Policy in place, and that both the Doctor and staff will endeavour to protect my personal information;
- I have read all of the information above and understand the reasons for why my personal information must be collected;
- I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me;
- I consent to Dr Hope's rooms contacting me and/or my NOK by email and/or SMS regarding my treatment, and I consent to receiving appointment reminders by SMS;
- I understand my right to access information concerning my health care in all situations, except in exceptional circumstances where access might legitimately be withheld as outlined in the privacy act;
- I consent to my de-identified clinical notes, x-rays and images, photographs and other investigations to be used by this practice for research, presentation papers and educational purposes;
- I understand that my personal information will be used for the purposes (as stated above), and if my information is to be used for other purposes I will be asked to provide consent;
- I understand that I can revoke my consent (or part there of) at any stage during my treatment, providing I e-mail this in writing to [bhoffice@drbenhope.com.au](mailto:bhoffice@drbenhope.com.au) or post this to Dr Ben Hope, Brisbane Private Hospital, Level 3, 259 Wickham Tce, Bne Q 4000
- **I have read and understood this form and consent to the collection, use and disclosure of my personal information for the purposes as outlined above.**

Patient Full name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date:    /       /  
(16 years or older)

Patient full name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/       /  
(Parent, Legal guardian, Authorised representative)