



Privacy Statement

The provision of quality health care is our principal concern. It requires a doctor-patient relationship of trust and confidentiality. We regard patient information as confidential and will only collect this information with your consent.

Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff. All information is password protected and kept indefinitely. Your medical record can be transferred to another surgery at your request, only after we have received a written and signed authority Medical Records Request Form from the requesting surgery.

A patient's personal information is handled in accordance with this practice's privacy policy and is consistent with the National Privacy Legislation.

Collection and Retaining of your information:

- It is necessary for us to collect a medical and family health history from you, and sometimes others associated with your health care, in order to provide an accurate diagnosis and appropriate treatment.
- We will generally collect such information directly from you and otherwise only with your consent (such as records from another doctor).

Disclosure of your personal information:

- Your personal health information is used or disclosed for purposes directly related to your health care and in ways, which are consistent with your expectations.
- To ensure quality and continuity of your care, health information has to be shared with other health care providers from time to time.
- We will disclose information to pathologists, radiologists and specialists in relation to name confirmation, clarification of test required, date of birth, address, phone number, Medicare and pension numbers.
- Should a 3rd party request copies of your medical information a request form signed by you must be presented to us from the party requesting this information.
- It is necessary for you to sign a disclosure statement to allow a third party to discuss or obtain any information we may have on file for you. **You will need to specify what information a third party can discuss or obtain.** This includes any recent tests of any nature.

There are circumstances when information needs to be disclosed without your consent:

- Emergency situations
- By law, doctors are sometimes required to disclose information for public interest reasons, eg: mandatory reporting of some communicable diseases (ie: Giardia, Measles, Salmonella & Whooping Cough)
- It may be necessary to disclose information about you to fulfill a medical indemnity insurance obligation
- Provision of information to Medicare or private health funds, if relevant, for billing and medical rebate purposes.

Your Authority to us:

By providing your information to us, you authorise us to collect, maintain, use and disclose your personal information in the manner set out in this privacy statement.

Your rights:

You need not give us any of the personal information requested by us. However, without this information, we may not be able to provide the level of service you require.

Should you believe your privacy has been breached, please email the Practice Manager management@theagelessgp.com.au outlining what you believe to be the privacy issue and they will investigate immediately. They will call you to confirm and reply in writing as to their findings.