

Privacy of Information and Consent Form

The law gives you certain rights in relation to information you give to this Medical Practice. We need your consent to collect personal information about you.

The information collected primarily is used to provide quality health care. It may be used in the following ways:

- For administrative purposes connected to the running of our Practice.
- For billing purposes, including compliance with Medicare and HIC requirements.
- For disclosure to others involved in your health care, including treating doctors and specialists outside of this Practice. This disclosure may occur through referrals to other specialists for medical investigations and in the reports or results returned to us following referrals. We will also send results to your referring doctor.
- All patients attending this Practice have a general right to request access to their own medical record.

I understand that I am obliged to provide information requested of me. I also understand that failure to provide this Medical Practice with all information requested may restrict this Practice's ability to provide the quality of health care I require.

I have read the information above and understand the reasons why my information may be collected. I am also aware that this Practice has a privacy policy on handling patient information.

I acknowledge that I have read this information before signing and that a member of this Practice has, at my request, clarified any aspect of it that I did not understand.

Patient name: _____

Patient signature: _____

Date: / /