

Privacy Statement Consent Form

I _____, DOB: ____ / ____ / ____, understand the Superclinic Midland complies with the Privacy Act (1988) and the Privacy Amendment Act 2000 and as part of their Privacy Policy they are committed to protecting the privacy of the personal information of individuals. The purpose of collecting my personal details is to provide quality medical and health services and related account keeping. I understand that I have the right to request access to my information. Superclinic Midland makes every effort to keep my data in accordance with the National Privacy Principles and keep my records accurate and up to date. I understand that I may withdraw my consent for Superclinic Midland to use or disclose my personal information (except where legal obligations are met)

Collection, Use & Disclosure

We recognize that the information we collect is often of a highly sensitive nature and as an organization we have adopted the highest privacy compliance standards relevant to ensure personal information is protected. We are a service company to the medical practitioners who provide services at our practice. For administrative and billing purposes, and to enable the patient to be attended by other practitioners in our practice, patient information is shared between those practitioners who attend a patient. We (on behalf of) and the practitioners may collect personal information (including health information) regarding patients for the purpose of providing medical services and treatments to patients. Personal information collected will generally include, the patients name, address, telephone number, and Medicare number, health care fund, current drugs or treatments used by the patient, previous and current medical history, including where clinically relevant a family medical history, and the name of any health service provider or medical specialist to whom the patients is referred, copies of any letters of referrals and copies of any reports back.

We will not share your personal information with anyone outside Australia (unless under exceptional that are permitted by law) without your consent.

By signing below, I the patient (or the parent/legal guardian of the patient) have read and consent to the above and acknowledge that personal information collected by may be used or disclosed:

- Superclinic Midland will be collecting, using, storing, and disposing of my personal information.
- The release of relevant personal information to other health professionals to allow quality medical care e.g., specialists, pathologists, usual GP, some fees may be incurred for transfer of records.
- During the course of providing medical services, through eTP, My Health Record (eg Shared Health Summary, Event Summary).
- I acknowledge that any additional visits to external service providers such as pathology, specialists, imaging etc may incur an additional fee that is independent to the fees associated Superclinic Midland.
- To have my records reviewed by an Accreditation Surveyor as part of this practice's accreditation process should my records be randomly chosen for quality assurance, for training, billing, liaising with government offices regarding Medicare entitlements and payments and as may be required by our insurers.
- De-identified data collection for research and population health planning purpose.
- The release of relevant personal information to my employer/prospective employer, their authorised representative, and their insurer in the case of a work-related consultation service.
- Superclinic Midland will use your mobile phone number and email address for the purpose of SMS/email recall/reminder and health related systems.
- Superclinic Midland will collect information necessary for treatment. This may include Full Medical and Psychological History;
- Where there is a serious and imminent threat to an individual's life health, or safety, or a serious threat to public health or public safety or as required under compulsion or law.
- Consent my treating GP to bill Medicare for appropriate MBS item number in relation to my consultation/s and or treatment/care.
- Superclinic Midland uses document automation technology so that only relevant medical information is included in referral/correspondence.

We may access information:

- Provided directly by the patient.
- Provided on a patient's behalf with the patient's consent.
- From a health service provider who refers the patient to medical practitioners.
- From health service providers whom patients are referred.

Other than as described in the Policy or permitted under the National Privacy Act, Superclinic Midland uses its reasonable endeavours to ensure that identifying health information is not disclosed to any persons.

Signed: _____ **Dated:** _____

Witness to signature: _____ **Dated:** _____