



COLLECTION OF PERSONAL INFORMATION Privacy Act 1988

Dear Patient,

We require your consent to collect personal information about you. This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose and treat illnesses and be pro-active in your health care needs. We will also use the information you provide in the following ways:

- Correspondence will usually be sent to your Referring Doctor, GP and physiotherapist as required;
- In the case of a Workers' Compensation or Third Party Claim, personal/medical details may also be released to either the Insurance Company and its representatives and/or your Solicitor with the appropriate authority;
- Administrative & billing purposes, including compliance with Medicare and Health Insurance Commission requirements;
- Disclosure to others involved in your health care, including treating Doctors and Specialists outside this practice.

If the practice undertakes training of students, or research activities, then the following clauses may be adopted:

- Disclosure to other Doctors in the practice, Locums, and by Fellows, Registrars or students attached to the practice for the purpose of patient care and teaching. Please let us know if you do not want your records accessed for these purposes and we will note it on your record accordingly;
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management. You will be informed when such activities are being conducted and given the opportunity to "opt out" of any involvement.

I have read the information above and understand the reasons why my information must be collected.

I am also aware that this practice has a privacy policy on handling patient information.

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 am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.



COLLECTION OF PERSONAL INFORMATION Privacy Act 1988

I understand that if I request access to information about me, the practice will be entitled to charge me fees to cover:

- Time spent by administrative staff to provide access at the employee's hourly rate of pay plus 20%;
- Time necessarily spent by a medical practitioner to provide access at the practitioner's ordinary sessional rate;
- Photocopying and other disbursements at cost.

I understand that if my information is to be used for any purpose other than set out above, my further consent will be obtained.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Patient name (please print)

Parent/Guardian name (if patient is under 18 years of age)

Signature

____ / ____ / ____
Date

Consent for photos and videos

I understand that Dr Guzman may take photos or videos, for the sole purpose of teaching and research, during consultations and/or surgery. These photos/videos will not reveal any of my personal details.

Please tick one of the following options:

- I DO** consent to photos/videos being taken
- I DO NOT** consent to photos/videos being taken

Signature

____ / ____ / ____
Date