

PATIENT NAME: _____ DOB: _____

PRIVACY ACT (Enhancing Privacy Protection) 2012

PATIENT CONSENT TO COLLECT & DISCLOSE INFORMATION

The Privacy Act 2012 requires medical practitioners to obtain consent from their patients to collect, use and disclose that patient's personal information.

A copy of Lockridge Medical Centre's Privacy Consent form is also available on the practices website, www.lockridgegp.com .

Collection

This means we will collect information that is necessary to properly advise and treat you. Such necessary information may include:

- full medical history;
- family medical history;
- genetic information;
- date of birth;
- ethnicity and country of birth;
- contact details – phone, address, email;
- next of kin details;
- Medicare/Individual Healthcare Identifier/ private health fund details
- genetic information; and
- Billing/account details.

The information will normally be collected directly from you. There may be occasions when we will need to obtain information from other sources, for example:

- other medical practitioners, such as former GPs and specialists;
- other health care providers, such as physiotherapists, occupational therapists, psychologists, pharmacists, dentists, nurses;
- hospitals and Day Surgery Units; and
- Personally Controlled Electronic Health Record(eHealth record)

Practice staff and the medical practitioners may participate in the collection of this information which will be securely filed on your individual electronic patient file. The practice secures and protects all electronic information by ensuring all data is backed up daily, password protected and ensures firewalls are in place.

Situations where consent is not required:

In emergency situations we may need to collect personal information from relatives or other sources, eg electronic health record, where we are unable to obtain your prior express consent.

By law health care providers are able to collect personal information prior to your consent when they reasonably believe that it is necessary to lessen or prevent a serious threat to your life, health or safety or the general public's health or safety.

Use & Disclosure

With your consent, the practice staff will use and disclose your information for purposes such as:

- account keeping and billing purposes;
- sms appointment reminders / confirmation
- referral to another medical practitioner or health care provider;
- sending of specimens, such as blood samples or pap smears, for analysis;
- referral to a hospital for treatment and/or advice;
- advice on treatment options;
- the management of our practice;
- quality assurance, practice accreditation and complaint handling;
- to meet our obligations of notification to our medical defence organisations or insurers;
- to prevent or lessen a serious threat to an individual's life, health or safety or to the general public's health or safety;
- where legally required to do so, such as producing records to court, mandatory reporting of child abuse or the notification of diagnosis of certain communicable diseases; and
- teaching of medical students and General Practitioner Registrars

Patient information will not be disclosed to recipients overseas.

Access

You are entitled to access your own health records at any time convenient to both yourself and the practice. Access can be denied where:

- to provide access would create a serious threat to life, health or safety of individual or another person;
- a serious threat to public health or public safety;
- there is a legal impediment to access;
- the access would unreasonably impact on the privacy of another;
- your request is frivolous;
- the information relates to anticipated or actual legal proceedings and you would not be entitled to access the information in those proceedings; and
- in the interests of national security

We ask that, where possible your request be in writing. We may impose a charge for photocopying or for staff time involved in processing your request. Where you dispute the accuracy of the information we have recorded you are entitled to correct that information. It is our practice policy that we will take all steps to record all of your corrections, and places them with your file but will not erase the original record.

Lockridge Medical Centre will advise in writing if access to your medical record is refused and the reasons for the refusal along with the mechanisms available to complain about the refusal.

Privacy Complaint Handling Process

Complaints regarding privacy breaches are serious and can be registered with the practice by either:

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| <p>1. Telephone
Business Manager
Lockridge Medical Centre
(08) 6278 2555</p> | <p>2. Written Letter
The Directors
Lockridge Medical Centre
32 Weddall Road
LOCKRIDGE WA 6054</p> |
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If you are dissatisfied with the response you may refer the complaint to the Australian Government – Office of the Australian Information Commissioner in the following ways:

Website: www.oaic.gov.au

Telephone: 1300 363 992

Email: enquires@oaic.gov.au

Post: Sydney Office
GPO Box 5218 SYDNEY NSW 2001

Canberra Office
GPO Box 2999 CANBERRA ACT 2601

Consent

I provide my consent for **Lockridge Medical Centre** to collect, use and disclose my personal information as outlined above.

I understand that I am entitled to access my own health records except where access would be denied as outlined above.

I understand that I may withdraw my consent as to use and disclosure of my personal information (except when legal obligations must be met).

SIGNED: _____
Patient

WITNESS: _____
Medical Practitioner

Date _____