

CONSENT FORM

It is the policy of this practice to ensure the confidentiality and security of the personal and health information of those attending. It is also the policy of the practice to abide by the requirements of the Private (Private Sector) Amendment Act of 2000.

It is necessary to collect personal information from you for the primary purpose of assisting the development of diagnosis, treatment and further advice concerning a particular health condition, suspected health condition or circumstance relating to health. The personal and health information collected will be used in the following areas.

Administrative purposes in running the medical practice.

Billing purposes, including compliance with the Health Insurance Commission and Department of Veterans' Affairs requirements.

Disclosure to others involved in your health care (including treating doctors, specialists, and other healthcare professionals outside this medical practice). This may occur through referral to other doctors, referral for medical tests and in the reports or results returned to this practice following referrals.

Disclosure to medical staff of the hospitals where this will be of importance in the furtherance of your health care.

Disclosure for research and quality assurance activities to improve individual and community practice.

Disclosure to legal and insurance enquiries where such evaluations and information is required for the proper conduct, elucidation and compensation of the matter in hand.

I have read the information provided above and understand the reasons my personal and health information is required to be collected. I am also aware that this practice has a Privacy Policy pertaining to the handling of personal health information of its patients.

I understand that I am not obliged to provide any information requested of me, but that failure to do so might compromise my health care, treatment or – where applicable – the proper evaluation of my disability.

I am aware of my right to access the personal and health information collected, except in some circumstances where access might legitimately be withheld. I understand that if my personal and health information is to be used for any other purposes other than set out above, my further consent will be obtained (unless otherwise ordered by a court of law).

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

SIGNED:.....

NAME:.....

DATE:.....

Personal information means the information which relates to an individual.

Health information means that information which relates to an individual collected by the health services provider during the course of providing treatment and care.