

## **YOUR PRIVACY / RELEASE OF INFORMATION**

In accordance with the Privacy Act (1988), all information collected in this practice is treated as "sensitive information". To protect your privacy, this practice operates in accordance with this Act.

This medical practice collects information from you for the primary purpose of providing quality health care. Your doctor in the course of a consultation may ask your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. This means we may use the information you provide in the following ways:

- Administrative purposes in running our medical practice.
- Billing purposes including compliance with Medicare Australia and Health Insurance Commission requirements.
- Disclose to others involved in your health care, including treating doctors and specialists outside the medical practice. This may occur through referral to other doctors or for medical tests and in the reports or results returned to us following the referrals.
- Disclose to Locum doctors for the purpose of patient care.
- Disclosure to a medical defence organisation if a medico-legal issue arises.

If you have any questions regarding the management of your personal health information or need to arrange to access your records, please ask the staff or Dr Loh as appropriate.

I have read the information above and understand the reason 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 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 information collected about me, except in some circumstances where access might be legitimately withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any other purposes 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 of which I will notify this practice.

I, \_\_\_\_\_ understand and consent to the above.  
(Please Print Your Full Name Here ↑)

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_