



## **PARAMOUNT HEALTH PTY LTD**

**568 LOWER NORTH EAST ROAD**

**CAMPBELLTOWN 5074**

**PH (08)70773056**

### **Privacy Policy**

This general practice collects information from you solely for the purpose of providing quality health care. To enable ongoing care and in accordance with **Privacy Act 1988 and Australian Privacy Principles** we wish to provide you on information as to how your personal information may be used or disclosed in the future. You have a right to control how your information is used or disclosed and we will record your consent or restriction to consent and comply with it in accordance to the law.

We require for you to provide us with your personal details and your complete medical history and we acknowledge the fact that it may include sensitive information. We assure you that your personal information will be used only for the purpose for which it is collected and as is permitted by law and we respect your right to determine how your information is used or disclosed.

This information may be collected through forms, medical test results, consultations with you and specialist or hospital visits or other health care providers involved in your care. In addition, it may be downloaded from my health record with your consent.

By signing on the consent form, you as the patient or the guardian / parent of the patient acknowledge that you are consenting for the practice to obtain your confidential medical and personal information and use it for the following purposes:

- Administrative purpose in the operation of our General Practice
- Billing purposes in compliance with Medicare requirements or private health requirements.
- Follow up reminders or recall notices for your treatment and preventive issues in accordance with your requirements and consent.
- Disclosure of necessary information to other specialists or allied health professionals involved in your health care.
- Accreditation and quality assurance activities
- For purposes of research data where de identified information is needed.
- To enable teaching of Medical students and other health professionals as a de- identified information.
- To comply with legislative requirements such as notification of communicable diseases or uploading of preventive activities
- For quality assurance and accreditation activities to improve the preventive health provided to the community and practice management.
- For use when seeking treatment with other doctors within this practice.

We will take utmost care to ensure that all the information provided to our practice is kept safe and confidential will take the requisite steps to ensure this. Please complete the consent form below if you agree to our collection and use of your information in accordance with this privacy policy.

## Consent

I \_\_\_\_\_ have received a copy of the privacy policy and have read the same. I understand the reasons and purposes for collecting and use of my personal and medical information. I understand that it will only be used for the purposes outlined in the policy and that a consent will be sought from me if it has to be used for any other purpose. I also consent to the practice contacting me by my preferred form of contact as outlined in my patient details form. I understand that only relevant information will be provided if I am contacted by the practice for any preventive activities or recall and will only be limited to facilitating the activity.

I reserve the right to restrict or withdraw my consent at any stage by notifying the practice in writing.

Patient /Guardian name:

Relationship to patient:

Signature:

Date:

Name of Witness:

Signature:

Date: