

### **YOUR HEALTH INFORMATION**

Our practice undertakes quality assurance activities to improve patient care. All people accessing personal health information for this purpose have signed a written confidentiality agreement.

Please take a moment to read and sign our Health Information Consent Form.

This document will need to be updated if you decide to change your disclosure contacts or decline being contacted as part of practice health reviews or quality improvement activities.

### **YOUR HEALTH INFORMATION CONSENT FORM**

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As a patient of our practice we require you to provide us with your personal details and medical history so that we may properly assess, diagnose, manage and be proactive in your health needs. The privacy of your health information is important to us. Your medical record is a confidential document and as such it is the policy of this practice to maintain the security of your personal health at all times.

From time to time your personal health information may be collected, used and disclosed for the following:

- Administration purposes in running our medical practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to other doctors in the practice for the purpose of continuity of care and professional development.
- For communication with others involved in your care, such as specialists and allied health providers, through referral to these services and in receiving reports or results returned to us following referral.
- As part of quality improvement activities and/or participation in research, either within the practice or externally organised. Wherever possible all information used will be de-identified. Wherever it is not possible to de-identify information your additional consent will be sought and you will be given the opportunity to opt out” of any involvement before your information is used.
- In the teaching of medical students on clinical placement in our practice from time to time. When a student is present in the practice, you will always have the right to refuse the student’s involvement in your consultation.
- To comply with any legislative or regulatory requirements (such as notifiable diseases).
- For notifying you about health services that may be due or which require follow-up with your GP (including inclusion on national and state registers, such as the Australia Immunisation Register – A.I.R and the PAP Register)
- For legal disclosure as required by a court of law.

If you have any concerns about the use of your personal health information, please speak with your GP or our Practice Manager. You may also request a copy of our Practice Privacy Policy at any time if you would like more information.

**SINGLETON HEIGHTS MEDICAL PRACTICE**

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**CONSENT**

I have read and understand the above on the collection, use and disclosure of my health information.

Your Signature: ..... Date: .....

Your Name: ..... D.O.B: .....

**DISCLOSURE TO FAMILY MEMBERS**

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By law, if you are competent and of an age where you are capable of making decisions about your own healthcare, we are not permitted to disclose your medical information (including test results) to anyone else in your family without your permission. If you are 16 years or older, please indicate your consent to share and disclose your personal health information with family members:

No, my information is Private – only give my results and other medical information directly to me

Yes, my information can be shared and disclosed to the following people:

Name: ..... Relationship to you: .....

Name: ..... Relationship to you: .....

Name: ..... Relationship to you: .....

If you wish to change who you share your health information with, at any time please let reception know.