

Health Information Collection Consent Form

We require your consent to collect personal information about you. Please read this information carefully, and sign where indicated below.

Your Privacy

The doctors, health professionals and other staff of Frankston Pain Management Group are all committed to respecting your confidence and preserving your privacy. This obligation extends to other people having lawful access to your personal information (e.g. external typists) in accordance with Privacy legislation.

Collection, use and disclosure of your information

Information about a patient's medical, family and general health history is needed to properly assess, diagnose, treat and be proactive in your health care needs. We will be fair in the way we collect information about our patients. This information is generally collected from the patient, and otherwise with the patient's consent. However, from time to time we may receive patient information from others such as in referrals or case conferences. When this occurs, we will, wherever possible, make sure the patient knows we have received this information. Some information is used for appointment reminders/recalls and some is also provided to Medicare, private health funds, My Health Record, Workcover and TAC if relevant, for billing, medical rebate or debt recovery purposes. This information may include your name, address, date of birth, gender, health information, family history, payment details and contact details.

Medical care requires full knowledge of patient health information by all members of a medical team. To ensure quality and continuity of patient care a patient's health information has to be shared with other health care providers including my Health record from time to time. In emergencies, this may involve disclosure or collection of relevant information without consent.

The doctors and health professionals in this practice are members of various medical and professional bodies including medical defence organisations. There may be occasions when disclosure of patient information is required for medical defence or quality improvement purposes. There are also circumstances where a medical practitioner or health professional is legally bound to disclose personal information. An example of this is the mandatory reporting of communicable diseases.

Anonymous patient information may be used in funding requests, management, planning, quality improvement, research or evaluation of health services, whilst ensuring that all reasonable steps are taken to maintain confidentiality.

It is necessary for us to keep patients' information after their last attendance at this practice for as long as is required by law or is prudent having regard to administrative requirements.

Access

A patient has a right to request access to their medical information. They may ask to view the information or ask for a copy of a part or of the whole record. We request that you put your request in writing. While not required to give reasons for their request, a patient may be asked to clarify the scope of the request. There are some circumstances in which access may be denied but in such an event, the patient will be advised of the reason. A charge may be payable where the practice incurs costs in providing access.

The material over which the doctor has copyright might be subject to conditions that prevent further copying or publication without the doctor's permission. If a patient finds that the information held on them is not accurate or complete, the patient may have that information amended accordingly.

Upon request a patient's health information held by this practice will be made available to another health service provider. This may incur a charge to cover costs.

The right of children to privacy of their health information, based on the professional judgment of the doctor and consistent with the law, might at times restrict access to this information by parents or guardians.

All Patients are free to withdraw consent for anonymous information to be used for quality assurance, evaluation or research at any time by contacting the clinic.

Security

Correct contact details are essential to ensure we can provide care to you. We take all reasonable steps to ensure your personal information is accurate, complete and up to date. We may ask you to confirm your details a correct when you attend this clinic. We ask that you let us know if any information we hold about you is incorrect or out of date.

Your personal information held by us is protected by securing our premises, including locked cabinets and rooms for storage of physical records. Password and access protection on databases to ensure the electronic records are protected from unauthorised access, modification or disclosure.

Reasonable steps are taken to ensure privacy and security in all consultations including telehealth consultations and case conferences.

Complaints

It is important to us that your expectations about the way in which we handle your information are the same as ours.

Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your doctor. If you still dissatisfied you can complain to the Federal Privacy Commissioner whose contact details are: GPO Box 5218 Sydney NSW 104; Privacy Hotline: 1300 363 992; Website: www.oaic.gov.au; Vic health Privacy (OVIC); ovic.vic.gov.au

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I have read the information above and understand the reasons 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 any 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 the information collected about me, except in some circumstances where access might legitimately be 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 purpose 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 including any anonymous data for quality improvement and research, subject to any limitations on access or disclosure that I notify this practice about.

Signed: _____

Date: _____