

INFORMED CONSENT FOR COLLECTION, USE & DISCLOSURE OF HEALTH INFORMATION

In order to comply with the new Australian Privacy Principles we are required to obtain a patient's consent to collect health information. This information will be collected by Dr Mark Pearce and his practice staff and will be used for administrative purposes and to facilitate your orthopaedic care.

To ensure the best possible outcome for your assessment and treatment we will, at times, need to share this information verbally or in a written form via standard letter or Email encryption with other health care providers and organizations:

- your GP
- other Medical Specialists
- Allied Health Professionals eg Physiotherapists, Podiatrists etc.
- Community Nurses
- Pathology and Radiology services
- Worker's Compensation Insurance companies
- Rehabilitation service providers
- Medical & Professional bodies including medical defense organizations
- Local hospital departments & personnel
- Health Insurance Commission, Medicare & Private Health Funds

I have read the information above and understand the reasons why my information must be collected. 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 my health care and treatment given to me.

I am also aware that this practice has a privacy policy which contains information about accessing and seeking correction of personal information, privacy complaints handling process, and whether the practice is likely to disclose personal information to overseas recipients.

I am aware of my right to access the information collected about me, except in circumstances where access might be legitimately withheld. I understand I will be given an explanation in these circumstances, I understand that if I request access to information about me, the practice will be entitled to charge fees to cover time and administrative costs which may not be covered by a Medicare rebate.

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 that I notify this practice of:

Name: _____

DOB: ____ / ____ / ____

Signed: _____

Date: ____ / ____ / ____