

Privacy Information and Consent Form

Australian law requires Women's Obstetric & Gynaecology Specialists practice to obtain your consent to collect and disclose personal information about you. It also gives you certain privacy rights in relation to that information.

This practice collects information from you for the primary purpose of providing you with quality health care.

Please read the following carefully, and sign below where indicated.

Your information may be used in the following ways:

- for administrative purposes related to the running of our practice
- for billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- for disclosure to others involved in your health care, including treating doctors and specialists outside this practice. This may occur through referral to other doctors, or for medical investigations and in the reports or results returned to us following the referrals. We will also send results to your referring doctor.

All patients attending this practice have the right to request access to their own medical record.

Patient's acknowledgement

- I have read the information above and understand the reasons why my information is collected.
- I am 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 may compromise this practice's ability to provide the quality of health care I require.
- I acknowledge that I have read the above information before signing, and that a member of this practice has, at my request, clarified any parts of it I did not at first understand.

Signature.....

Full name.....

Date.....