

This privacy policy is to provide information to you, our patient, on how your personal information (which includes your health information) is collected and used within our practice, and the circumstance in which we may share it with third parties. We also require your consent to collect personal information about you so please read this carefully, and sign where indicated below.

When you register as a patient of our practice, you provide consent for our GPs and practice staff to use your personal information so they can provide you with the best possible healthcare. We require you to provide us with your personal details (to reception), details for triaging urgent medical care (to nurses) and full medical history (to the Doctor) so that we may properly assess, diagnose, treat and be proactive in managing your health care.

We may also collect information via electronic means such as MyHealthRecord, our website, emails or SMS received from you and when an online appointment is made by you.

In addition to using your health information to properly care for you we will also use the information in the following ways:

- Admin: Business purposes for the running of our practice. We use entirely electronic medical records. Receptionists do not have access to the GPs' clinical notes. We make every attempt to take precautions to protect against cyber attack;
- Billing: Billing, including compliance with Medicare, Insurance Commission of WA and WorkCover;
- Referrals: Disclosure to others involved in your health care, including treating doctors and specialists outside the practice. This may occur through referrals to other doctors, referrals for medical tests and in the reports or results returned to us following the referrals;
- Teaching: Disclosure to other doctors and locums in the practice, and registrars and medical students attached to the practice, for the purpose of patient care and teaching. Please let us know if you do not want your records accessed for these purposes, and we will note your record accordingly;
- Research: Quality improvement activities within the practice to improve clinical outcomes processes. You will be informed when any external research projects are being conducted and given the opportunity to decline involvement.
- Population Health: We may provide de-identified data to health organisations to improve population health outcomes. The information is secure, patients cannot be identified and it is stored within Australia. You can opt out of this if you let our staff or GPs know;
- Recalls: Processing of recall letters by sending out reminder letters to you from time to time regarding your continuing health care. We assume you are opting in by signing this policy however please advise reception if you wish to opt out of receiving preventative health reminders; and
- Legal: Responding to Court Subpoenas, to prevent a serious threat to life or safety, to locate a missing person, to establish or defend an equitable claim, for dispute resolution process or for mandatory notification.

Our practice will not use personal information for marketing or responding to third party (such as insurers) requests without your express written consent.



### Patient Acknowledgement and Consent:

- 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 and have the right to anonymity, but my failure to do so might compromise the quality of health care and treatment given.
- 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 purpose other than set out above my further consent will be obtained.
- I consent to being contacted by SMS for appointment reminders and for messaging from doctors, clinical and reception staff.
- I hereby authorise and consent to messages to be left with 'next of kin/emergency contact' phone numbers, as provided by myself, in the event of an emergency.

### PATIENT

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We take complaints and concerns about privacy seriously. You can speak directly with the Practice Manager and we will attempt to resolve the complaint. If dissatisfied you may write to Health & Disability Services Complaints Office, GPO Box B61 Perth or contact the Office of Australian Information Commissioner to investigate