

Mobile Medical Clinic

Privacy Statement & Consent Form

Our clinic collects information from you for the primary purpose of providing quality healthcare. We require you to provide us with your personal details and a full medical history, so that we may properly assess, diagnose, treat and be proactive in your healthcare needs. We require your consent to collect this personal information about you.

Please read the following information carefully and sign below when you have read and agreed:

We will use the information you provide in the following ways:

- Administrative purposes in running our practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Delivering information to you – appointment reminders, recall notices, health information, clinic information and services, results of tests, etc. This may be by SMS, secure email, phone or letters unless you tell us otherwise
- Disclosure to others involved in your healthcare, including treating doctors, ancillary practitioners and specialists outside this medical practice. This may occur through referral letters to other practitioners, or for medical tests and in the reports or results returned to us through referrals
- Disclose to doctors, ancillary practitioners, locums and GP registrars 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 in your record accordingly.
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management. You will be informed when such activities are being conducted and given the opportunity to 'opt out' of an involvement at any time.

By signing, you:

1. Understand that you are not obliged to provide any information requested of you, but that your failure to do so might compromise the quality of the healthcare and treatment given to you.
2. Are aware of your right to access the information collected about you, except in some circumstances where access might legitimately be withheld. You understand that you will be given an explanation in these circumstances
3. Understand that if your information is to be used for any purposes other than those outlined above, your further consent will be obtained first; and
4. Consent to the handling of your information by this practice for the purposes outline above, subject to any limitations on access or disclosure of which I notify this practice.

Name (patient):

DOB:

Name (guardian where applicable):

Signature: patient/guardian _____

Date: