

# NORTH ADELAIDE FAMILY PRACTICE

## Patient Consent Information

The National Privacy Principles in the **Privacy Act** set out how this practice should collect, use, keep secure and disclose personal information. The principles give you a right to know what information we hold about you and a right to correct that information if it is wrong.

### **What information may be collected?**

To provide you with quality, ongoing health care, this practice will need to collect information about you. This will include your personal, medical and family health information – if you elect not to provide full information to your GP you may compromise the quality of your ongoing medical care. Your attendance at this practice together with providing this information is taken as consent.

### **How will this information be used?**

Your information will be used in the normal course of managing your healthcare and will include referrals to specialists (including radiology and pathology) and allied health providers. In addition access may be required as part of our ongoing professional, clinical and quality assurance programs. De-identified information may be used for research purposes. Patients should be aware that there are some instances where we are legally bound to disclose some of your personal information such as mandatory reporting of communicable diseases. We do not disclose personal information to overseas recipients.

### **Your Access**

You have a right to see or obtain a copy of the information we hold about you. You make your request by completing the Patient Access Request form available from reception. If the doctor considers that releasing the information to you may cause you physical or mental harm he/she may refuse your request. If the request is refused for any reason the doctor will explain this to you. The fees associated with processing this request are not claimable from Medicare or your private health insurance.

### **Security**

Your health record is a confidential document. This practice will maintain security of your personal health information at all times and ensure that it is only available to **authorised** members of staff.

### **Medical Records**

The North Adelaide Family Practice continues its progression towards full electronic medical records. Medical information received on paper is scanned into your e-record. Security and back-up systems are in place and meet with all accreditation requirements.

### **Recalls**

We utilise the SA Breast Screen service and the SA Cervical Screening Programme for recalls for your mammograms and smear tests. You may be entered into our internal recall system at the discretion of your doctor.

### **Complaints**

It is important to us that we meet your expectations about the way in which we manage your health information. Please do not hesitate to discuss any concerns, questions or complaints about any issues. In the first instance contact the Practice Manager or your GP. If you are still dissatisfied you can contact the Federal Privacy Commissioner at:

**Federal Privacy Commissioner**  
GPO Box 5218, Sydney, NSW 1042

**Privacy Hotline 1300 363 992.**

**I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE PRIVACY INFORMATION.**

Signature

X

Name

Date

/ /

# NORTH ADELAIDE FAMILY PRACTICE

118 Barnard Street, NORTH ADELAIDE, S.A. 5006

Telephone 8267 2177 Facsimile 8361 8807

Please circle: Prof Dr Mr Ms Miss Mrs	Full Name:
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Home Address:	Date of Birth:
	Post Code:
Postal Address:	Post Code:
Indigenous Status: <input type="checkbox"/> Aboriginal or <input type="checkbox"/> Torres Strait Islander or <input type="checkbox"/> Neither?	
Language Spoken at home: _____	
Country of Birth: _____	
Home Phone:	Work Phone:
Mobile Phone:	

Email Address:	Gender:        M / F
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Medicare Number:	Expiry Date:	Ref No.
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HCC/Pension Card Number:	Expiry:
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**Other family members under 16 years, who will be attending our practice.**

Name	Date of birth	Ref No.
Name	Date of birth	Ref No.
Name	Date of birth	Ref No.

Emergency Contact Person No 1:	Name:	Phone No.
	Relationship to patient:	
Emergency Contact Person No 2:	Name:	Phone No.
	Relationship to patient:	

How did you hear about our practice?

Family	Friend	Yellow pages
White pages	Web	Other

Please Turn Over