

Allegiance Medical
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Personal and Health Information Consent.

Please read all sections of the Personal and Health Information Consent Form.

Should you have any queries regarding this form, please speak to reception or your practitioner.

We respect your rights to privacy and take our privacy obligations very seriously. We comply with the Australian Privacy Principles, found under the Privacy Act (1988). Our Privacy Policy provides the guidelines on the collection, use, disclosure and security of your information. The policy contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how we will deal with such a complaint. The policy can be obtained from our reception staff or from our website – www.allegiancemedical.com.au

We require your consent to collect personal information and health information about you. Please read this information carefully, and sign where indicated below.

Allegiance Medical collects information from you for the primary purpose of providing you medical services. We require you to provide us with your personal information, including your health information. We will use the information you provide in the following ways:

- For administrative purposes. This is to appropriately manage our practice, including but not limited to, conducting audits and undertaking accreditation processes, managing billing and training staff.
- Clinical information will be captured to facilitate the best possible treatment.
- Effectively communicate with third parties, including but not limited to, Medicare Australia, private health insurers, government departments and other practitioners involved in your healthcare, pathology and radiology companies and Allied Health Professionals.
- For research purposes or quality assurance activities where we will seek your consent and de identified information will be used.
- Assisting with training and education of other health professionals. We will inform you when such activities are being conducted for teaching purposes and your involvement will only take place if you provide express consent to your Medical Practitioner.
- Use within practice staff/other doctors for your ongoing treatment.
- In the case of an insurance or compensation claim, it may be necessary to disclose and/or collect information that concerns your return to work to an insurer, lawyer and/or employer.
- For follow up calls/reminders which may be sent to you regarding your health care and management.
- Disclosure legally required by law, such as notifiable disease.
- Where you are unable to act on your own behalf due to a health condition, we may need to discuss your health information with relatives or emergency contacts so you are provided with appropriate care.

I have read and understand all the information provided regarding my privacy and freedom of information. I acknowledge that I am not obliged to provide any information requested of me, but that failure to do so may compromise the quality of care provided to me.

Patient name: _____

Signature of patient or Guardian: _____

Date: _____

Please notify us promptly to any changes to your contact details. Accurate contact details help us identify you and your medical records and allows us to contact you regarding tests and results.

How did you hear about us? (Please tick)

- Local Newspaper** Letter Box Drop Travelled past practice (car/bus/walk)
 Website Search Family/Friend Referral
 Other (Please specify): _____