

# Privacy Consent Form



**We require your consent to collect personal information about you. Please read this form carefully and sign below.**

Melbourne Hand Surgery collects information from you for the primary purpose of providing quality health care. 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 health care needs. We will use your medical records:

- In your medical treatment. This may include disclosure to individuals who are directly involved in your health care (and in any Workcover or TAC claim) such as your General Practitioner, your other treating doctors and any third party that is appropriately involved with your case. If we refer you to another healthcare professional, such as an anaesthetist, hand therapist or radiology service we will disclose relevant information to them about your personal details and health.
- To conduct practice audit and medical research. In this case all data is analysed without including your identifying personal details. Audit and research are important in maintaining high standards of medical practice. Audit of surgical practice is a requirement of the Royal Australasian College of Surgeons.
- To meet a legal requirement – for instance, if we are issued with a subpoena or summons.

Our practice complies with the *Privacy Act 1988 (Cth)*, the *Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)*, the *Health Records Act 2001 (Vic)* and the *My Health Records Act (2012)*.

## Patient declaration

As a patient of Melbourne Hand Surgery, I acknowledge that:

- I have read the information above and understand 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 but that my failure to do so may compromise the quality of the health care and treatment provided to me;
- 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 such circumstances;
- If I have a My Health Record, it may be accessed during my treatment and information may be uploaded to My Health Record by registered healthcare practitioners at the practice;
- I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained;
- I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on the access or disclosure that I notify this practice of;
- I may request access to my personal information, which may be granted in accordance with the practice's *Access to Personal Information Policy*. I will be provided with a written reason if access is denied;
- I may request an amendment to my personal information if it is incorrect. I will be provided with a written reason if a request for amendment is denied;
- my personal information will not be used for direct marketing or disclosed to overseas recipients;
- I have the right to lodge a complaint about the handling of my personal information if I am dissatisfied, which will be dealt with in accordance with the Practice's complaint handling procedure.

Name:

Signature:

Date:

549 Bridge Road  
Richmond VIC 3121  
P: 03 9427 9596  
Provider number 4469079X



E: [info@melbournehandsurgery.com](mailto:info@melbournehandsurgery.com)  
W: <http://melbournehandsurgery.com>  
Twitter: @melbhandsurg  
Facebook: MelbourneHandSurgery