

188 MEDICAL CONSENT FORM

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

YOUR MEDICAL RECORD IS A CONFIDENTIAL DOCUMENT. IT IS THE POLICY OF THIS PRACTICE TO MAINTAIN SECURITY OF ALL PERSONAL HEALTH INFORMATION IN ACCORDANCE WITH THE PRIVACY ACT 1988. THIS INFORMATION IS ONLY AVAILABLE TO AUTHORISED MEMBERS OF STAFF WHO HAVE SIGNED A CONFIDENTIALITY AGREEMENT WITH 188MEDICAL.

This medical practice collects information from you for the purpose of providing equality in health care. In the course of the consultation, your doctor may ask you your personal details and a full medical history so we may properly assess, diagnose, treat and be proactive in your health care needs.

Our practice uses and shares de-identified patient health data to improve the way we work and provide care. This helps us work on ongoing quality improvement activities. These activities aim to improve the care you receive as a patient and your health outcomes.

This means we may use the information you provide in the following ways:

What we collect and store:

- name, date of birth, address, contact details, next of kin, gender
- medical information including medical history, medications, allergies and reactions, immunisations, social history, risk factors, family history
- Medicare / DVA/ Concession card
- information from other people who are providing care (e.g. specialists) and;
- any other information to meet your health needs.

Your medical and personal information may be used and shared to support your healthcare needs for the following reasons:

- other healthcare people such as our staff, treating doctors, specialists and allied health professionals visiting the practice or external
- to run our practice (e.g. Medicare billing, accreditation companies, I.T people)
- when it is required by law (e.g. notifiable diseases, court order)
- students (such as medical/nursing/allied health) in this practice
- other people (e.g. your guardian, power of attorney, carer) and;
- updating national registers such as immunisation and cancer screening.

In addition to other communications we may send you from time to time, we may send you the following types of communications:

1. **appointment reminders** – notifications to you to remind you of upcoming appointment dates with the practice as well as allowing you to confirm your appointment;
2. **clinical reminders** - notifications to you to remind you to contact the practice to arrange appointments for regular clinical check-ups, medical procedures, immunisations due;
3. **clinical communications** - communications to you about your clinical care at the practice such as returned pathology results or clinical messages from the medical practitioner; and
4. **health awareness** – communications to you in relation to general health care information and health care services provided by this general practice including notification about changes to our clinic opening hours, and information about health care services provided by this general practice.

*****THIS PRACTICE WILL COMMUNICATE VIA MEANS OF EMAIL AT PATIENT REQUEST. THIS IS NOT A PREFERRED METHOD OF COMMUNICATION AS PRIVACY CANNOT BE ASSURED. PLEASE BE AWARE THAT SHOULD YOU CHOOSE TO COMMUNICATE USING THIS MEDIUM, WE ARE UNABLE TO GUARANTEE PRIVACY IS MAINTAINED.*****

*****188 Medical uses HotDoc as its preferred method for contacting patients for any reminders*****

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 information requested of me, but my failure to do so may compromise the quality of health care and treatment given to me. I am aware of my rights to access information collected about me, except in some circumstances where access might be legitimately withheld. I understand that I will be given an explanation in those circumstances. I understand that if my information is to be used for any other purposes other than those set out above, subject to any limitations, access, or disclosure, that I notify the practice. I understand that by signing this form I am authorising 188 Medical to send me SMS reminders, letters or telephone calls. I agree also to receive health promotions from 188 Medical by way of text message, telephone calls and or email.

Accept SMS Decline SMS

I understand that if I fail to attend any booked appointment without contacting the practice, I may be charged a \$40 cancellation fee. This will be required to be paid prior to the next consultation.

Signed: _____ Date: ____/____/____

Patients Name: _____ DOB: ____/____/____

Your **de-identified** information is used for, or by:

- Quality Improvement activities at the practice
- Accreditation
- Students and staff to participate in medical training/teaching.
- Gold Coast Primary Health Network to inform local health needs and services and;
- research purposes.

I AGREE for my **de-identified** information to be used for the above reasons (*please circle appropriate answer*)

YES NO

***either choice will not affect how we care for you**

I, _____ give my permission for my personal contact
(Please print name)

and health information to be collected, used and disclosed as indicated as per my choices above.

I can change my mind at any time. I will tell the practice if this happens.

Patient Name: _____

Signature: _____ Date: _____

If signing on behalf of the patient, print your name below:

Your relationship to Patient (e.g. Mother, Father, Guardian): _____

PRACTICE USE ONLY:

ID Check: Photo ID (or equivalent) Medicare Card Other _____

Witnessed by Staff Name: _____

Staff Signature: _____ Date: _____