Andrew Weber MBBS FRACS(Orth) FAOrthA

# Orthopaedic Surgeon Beleura Private Hospital

# Specialising in Surgery of the Shoulder, Elbow and Knee. 925 Nepean Highway

Provider No. 062966LY Mornington VIC, 3931

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PRIVACY LEGISLATION INFORMATION

We require your consent to collect and store personal information about you. We are bound by the Australian Privacy Principles under the Privacy Act 1988 (Cth) and other relevant laws. Please read this information carefully and sign below.

This medical practice collects information from you, or other health service providers 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. This means we will use the information you provide in the following ways.

* Administrative purposes in running our medical practice.
* Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
* Disclosure to others involved in your health care, including treating doctors, allied health providers and third parties (e.g. WorkCover, TAC, Solicitors, Medicare and Health Funds) outside this medical practice. This may occur through referral to other Doctors, Physiotherapists, or for medical tests and in the reports or results returned to us following the referrals. This may include disclosure of non-medical information to a debt collection agency if absolutely necessary.
* Disclosure to other Doctors in the practice, and by Registrars attached to the practice for the purpose of patient care and teaching.
* In an emergency where your life is at risk and you cannot consent.
* Disclosure for research and quality assurance activities to improve individual and community healthcare and practice management. You will be informed when such activities are being conducted and given the opportunity to "opt out" of any involvement. De-identified pictures of X-rays may be used at times for presentations and/or teaching.
* We may at times outsource information to a typing service, call centre (Vconsult) or to data storage services which may involve storing that information outside of Australia.

Every effort will be made to contact patients personally in regard to their appointments, account queries, test results, third party queries or urgent information regarding their condition. If, however, we have been unsuccessful in contacting a patient, a brief message may be left on a patient’s answering service for the patient to make contact with our rooms. Appointment reminders will be sent via SMS text messaging - please advise the rooms if you do not wish to participate in this service.

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 any information requested of me, but that my failure to do so might compromise the quality of the healthcare and treatment given to me. If this information is unable to be collected a service may therefore not be able to be given.

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 these circumstances. I can also request an amendment to my health record should l belive it contains inaccurate information. These requests will be made in writing to 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 access or disclosure that I notify this practice of.

I consent to the destruction/shredding of my medical record after seven years if it is no longer active. X-rays will be destroyed after 12 months if not collected.

Signed………………………………………………… Date………../…………./20…………

Surname………………………………………………. First name………………………………….