

Consent to Collection of Personal Information
Coastwide Eye Surgery – Erina and Tuggerah

This medical practice 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 assist, diagnose and treat your eye condition and be pro-active in your eye care. We will also use the information you provide in the following ways:

- Administrative purposes in running our practice;
- Billing purposes, including compliance with Medicare, Health Insurance Commission requirements or Department of Veterans' affairs (whichever is applicable);
- Any appropriate body, if required by law to do so;
- In emergency situations, any person or body deemed necessary;
- Outstanding debts greater than 3 months are sent to our Debt Recovery Agent
- Disclosure to other involved in your health care, including treating doctors and other specialists and health service providers outside this organisation;
- Disclosure to other doctors in the practice, Principal & Associate Doctors and by Registrars attached to the practice for the purpose of teaching. Please let us know if you do not want your records accessed for this purpose and we will note your record accordingly;
- Disclosure to appropriate bodies in relation to quality assessments and quality assurance, clinical auditing and research to improve individual and community health care and practice management.

I have read the information above and understand the reasons why my information must be collected. I am aware that my Personal Information is obtained in many ways including by telephone and facsimile; by mail; by email; via our website at www.coastwideeyesurgery.com.au; in person and from third parties such as referring practitioners and other health care providers. 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 health care and treatment given to me.

Furthermore, I understand that the practice's main form of communication with me and my referring practitioner and all other health practitioners nominated by me is via mail, email, telephone and facsimile (efax). I am also aware that if I own a mobile, I will receive SMS phone reminders of my upcoming appointment via my nominated mobile. (Please initial here)

Email: _____

I am also aware that this practice has a privacy policy (available upon request) which contains information about accessing and seeking correction of personal information, privacy complaints handling process and whether the practice is likely to disclose personal information to overseas recipients.

I am aware of my rights to access the information collected about me, except in circumstances where access might be legitimately withheld. Examples of this are:

- the organisation believes that giving you access may endanger the life, health or safety of any individual, or endanger public health or safety
- giving you access would have an unreasonable impact on the privacy of other individuals
- your request is frivolous or vexatious
- your personal information is part of existing or anticipated legal proceedings between you and the organisation

I understand I will be given an explanation in these circumstances. I understand that if I request access to information about me, the practice will be entitled to charge fees to cover time and administrative costs which may not be covered by a Medicare rebate.

I understand that if my information is to be used for any purpose other than set out above, my further consent will be obtained.

I consent to the handling of my information by this organisation for the purposes set out above, subject to any limitations on access or disclosure that I notify the organisation of:

Patient Name _____ Date _____

Signed _____