

## Health Information Collection and Use Consent Form

The University of Canberra Medical & Counselling Centre respects your right to privacy and we are mindful that the information that you provide to us **is personal and private**. As a patient or client of this service, 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 aim to protect the privacy and secure storage of your health information. No information about you, including the fact that you have visited the Medical & Counselling Centre will be released to anyone outside of the service without your **written permission** except in certain circumstances (eg. **legal related disclosure**). You can request a copy of our Privacy Policy, which includes information about the collection, use and disclosure of your health information as well as how to access your health information.

We require your consent to collect personal information about you and to use the information you provide in the following ways. Please read this consent form carefully, and sign where indicated below.

- Administrative purposes in running our medical practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to others involved in your healthcare including treating doctors, counsellors and specialists outside this medical practice. This may occur through referral to other doctors, specialists or allied health professionals, or for medical tests and in the reports or results returned to us following referrals.
- Disclosure to other doctors (including specialists), locums, registered nurses, medical students, counsellors etc. in the practice for the purpose of patient care and teaching.
- For research and quality assurance activities to improve individual and community health care and practice management. Usually information that does not identify you is used but should information that will identify you be required, you will be informed and given the opportunity to “opt out” of any involvement.
- To comply with any legislative or regulatory requirements e.g. notifiable diseases.
- For reminder or recall letters which may be sent to you regarding your health care and management.
- For **legal related disclosure** as requested by a court of law (eg. Subpoena, court order, suspected child abuse or non-accidental physical injury, or in circumstances where we have cause to be seriously concerned for your safety or anyone else)

You can decline to have your health information used in all or some of the ways outlined above but it may influence our ability to manage your health care to provide the best outcome for you. If you have any concerns about the above information. Or wish to restrict access to your personal health information please discuss this with your doctor at the time of consultation.