

**COLLECTION OF PERSONAL INFORMATION  
PRIVACY ACT 1988**

We require your consent to collect personal information about you.

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 assess, diagnose and treat illnesses and be proactive in your health care.

We will also 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 and Specialists outside this medical practice.

I have read the information above and understand the reasons why my information must be collected.

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.

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 understand that if I request access to information about me, the practice will be entitled to charge me a fee.

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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_