

# Eye Group Pty Ltd

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## Patient Consent to Collection of Personal Information Collection of Personal Information, Privacy Act 1988 (Cth) and HRIP Act 2002 (NSW)

At Eye Associates we collect information from you for the primary purpose of providing quality healthcare. We require you to provide us with your personally identifiable details and a full medical history so that we may properly assist, diagnose and treat illnesses and be proactive in your healthcare.

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
- Training and quality improvement in the service we provide to you
- To communicate with you regarding your healthcare and our services to you.
- When necessary to communicate with another person you nominate (e.g. your next of kin in an emergency)

We may also need to disclose some of the information you provide to people outside our practice such as:

- Our, or your agents or affiliates who help us provide services to you (such as postal, telephone, messaging, email, typing or other IT services)
- People you ask us to contact on your behalf (for example, next of kin or friend you have nominated)
- Your referring practitioner or GP
- Others involved in your healthcare, such as medical specialists, allied health practitioners or other health service providers (e.g. Hospitals you attend, or Vision Australia if you consult them) outside this medical practice with your prior permission.
- The Health Insurance Commission (Medicare), your Private Health Insurer or other Government or regulatory agency where we are bound to disclose your information
- The Courts or legal officers for legal purposes or upon subpoena

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 information requested of me but failure to do so might compromise the quality of the healthcare and treatment given to me or make it impossible for us to provide care at all.

I am aware that Eye Associates has a privacy policy (summary available upon request or you can visit the website “The Office of the Australian Information Commissioner” at [www.oaic.gov.au](http://www.oaic.gov.au)) 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 right to access the information collected about me, except in circumstances where access might be legitimately withheld.

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

If any changes are made to the consent form at any time I will be made aware of the same and asked to sign the revised consent form.

**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 for which I notify the practice:**

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

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

We would also like you to let us know if you do not want to be contacted through a certain medium for a certain purpose. For example, you may give us your mobile number but not want us to use it for SMS reminders or as a primary contact number. Please list any of these below:

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