



North Queensland Cardiac Clinic

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North Queensland Cardiac Privacy Policy Consent Form

Introduction

Please read this information carefully and sign where indicated below.

This privacy policy is to provide information to you, our patient, on how your personal information (which includes your health information) is collected and used within our practice, and the circumstances in which we may share it with third parties/health care providers/hospitals. When you register as a patient of our practice, you provide consent for our Specialists and practice staff to access and use your personal information, so they can provide you with the best possible healthcare. Only staff who need to see your personal information will have access to it.

Why do we collect, use, hold and share your personal information?

Our practice will need to collect your personal information to provide healthcare services to you. Our main purpose for collecting, using, holding and sharing your personal information is to manage your health. We also use it for directly related business activities, such as financial claims and payments, practice audits and accreditation, and business processes.

What personal information do we collect?

The information we will collect about you includes your:

- Names, date of birth, addresses, NOK/Emergency Contact details
- Medicare number (where available) for identification and claiming purposes
- Healthcare identifiers and health fund details.
- Medical information including medical history, previous tests and procedures, list of medications, allergies, adverse events, social history, family history and risk factors

You have the right to deal with us anonymously or under a pseudonym unless it is impracticable for us to do so or unless we are required or authorised by law to only deal with identified individuals.

How do we collect your personal information?

Our practice may collect your personal information in several different ways.

1. Our practice staff will collect your personal and demographic information via methods such as telephone, email, from a referral or on completion of our patient registration form.
2. During the course of providing medical services, we may collect further personal information/health information.
3. We may also collect your personal information when you send us an email or SMS, or by telephone.
4. In some circumstances personal information may also be collected from other sources. Often this is because it is not practical or reasonable to collect it from you directly. This may include information from:
 - Your guardian or responsible person
 - Your health fund, Medicare, or the Department of Veterans' Affairs (as necessary).
 - Other involved healthcare providers, such as GP's, specialists, allied health professionals, hospitals, community health services and pathology and diagnostic imaging services

When, why and with whom do we share your personal information?

Other than in the course of providing medical services or as otherwise described in this policy, our practice will not share personal information with any third party without your consent. (This may be verbal or written as per consent

box below) We will not share your personal information with anyone outside Australia without your consent. (Unless under exceptional circumstances that are permitted by law). An exception to this is that some North Queensland Cardiac correspondence is completed by medical transcription services overseas.

We sometimes share your personal information:

- With other healthcare providers/hospitals
- When it is required or authorised by law (e.g. court subpoenas)
- When it is necessary to lessen or prevent a serious threat to a patient's life, health or safety or public health or safety, or it is impractical to obtain the patient's consent
- To assist in locating a missing person
- To establish, exercise or defend an equitable claim
- For the purpose of confidential dispute resolution process
- Where statutory requirement to share certain personal information (e.g. some diseases require mandatory notification)
- With third parties who work with our practice for business purposes, such as accreditation agencies, information technology providers or collection of outstanding accounts via a third party – these third parties are required to comply with Australian Privacy Principles and this policy

We strive to provide each patient with the highest quality care, while attempting to accommodate your schedule for your convenience. Therefore, we provide reserved time slots for each of our patients. ***Cancellations, especially last-minute ones, along with patient no-shows, hinder our ability to accommodate the scheduling needs of other patients. If you are unable to notify us within 24 hours, the appointment is considered a missed appointment.***

There may be a cancellation fee payable; there will be no Medicare reimbursement for this.

Policy review statement

North Queensland cardiac Clinic may review and amend this privacy policy annually or as required to ensure we are compliant with privacy laws and any other changes that may occur. The most current version of our policy is always available on our website and at our reception desks for you to view at all times.

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| Consent to the Collection/Use and disclosure of personal information | |
| PLEASE TICK RELEVANT ITEMS: | |
| <input type="checkbox"/> I have read the North Queensland Cardiac Clinic privacy policy and understand my right to privacy and how my personal information will be used. | |
| <input type="checkbox"/> I understand that in order to provide me with health care services, North Queensland Cardiac Clinic needs to collect, use and disclose my personal information, as described in the documentation provided. | |
| <i>*Although North Queensland Cardiac Clinic utilises reasonable steps to ensure information security when using electronic communication, it is not considered a secure format, and we urge all patients to take care to consider the risk of security.</i> | |
| Patient Details: | |
| SIGNATURE: _____ | DATE: ____/____/____ |
| PRINT FULL NAME: _____ | DATE OF BIRTH: ____/____/____ |