

## **Action Rehab**

### **PRIVACY INFORMATION AND CONSENT FORM**

*PLEASE READ THIS INFORMATION AND SIGN THE SECOND PAGE*

#### **PRIVACY INFORMATION**

From 21 December 2001 the Privacy Amendment (Private Sector) Act 2000 extended the operation of the Federal Privacy Act 1988 to include the private health sector throughout Australia. The principles provide a regulatory framework for the collection, use, storage, security and disclosure of personal and sensitive information. Individuals have the right to know what information an organisation holds about them and to have information that is incorrect amended.

Action Rehab recognises the importance of keeping the personal information that you entrust to us private and confidential. As a patient of Action Rehab certain personal information will be required to establish and maintain your treatment plan, including health information. This will include information such as your name, date of birth, contact details, pre-existing ailments, details relating to your injury, employment details, and claim details if you are claiming under Workers Compensation, and ongoing assessments of your progress in therapy.

#### **Action Rehab Privacy Policy**

If you require further information regarding this privacy statement, Action Rehab has a written privacy policy that reflects the Federal Privacy Act 1988 (and amended Privacy Act 2000).

#### **Collection of information**

This means Action Rehab will collect information which is necessary to properly assess and treat you and may include:

- Full medical history
- Family medical history
- Contact details
- Medicare and private health fund details
- Billing/account details.

There are instances where Action Rehab may need to collect information from other sources such as other medical practitioners, allied health professionals such as physiotherapists, psychologists and nurses, and may be from hospitals. Therapists and administrative staff at Action Rehab may be involved in the information collection.

#### **Use and Disclosure**

With your consent, Action Rehab will use and disclose your information for purposes such as:

- Account keeping purposes
- Referral to other medical or health care services
- Referral to hospital for treatment or assessment
- The management of our practice
- Quality assurance, practice accreditation and complaint handling
- Advice of treatment options
- To meet our obligations of notification to our medical defence organisations or insurers
- To prevent or lessen a serious threat to an individual's life, health or safety
- Where legally required to do so, such as producing records to court, or the mandatory reporting of child abuse.

**Access**

You are entitled to access your own health records at any time convenient to both yourself and the practice. Please contact us if you would like to have access to your records, and we can provide you with additional information regarding how to do this. Access can be denied where:

- To provide access would create a serious threat to life or health
- There is a legal impediment to access
- The access should unreasonably impact on the privacy of another
- The request is frivolous
- The information related to anticipated or actual legal proceedings and you would not be entitled to access the information in those proceedings
- In the interests of national security.

**CONSENT**

I provide my consent for Action Rehab to collect, use and disclose my personal information as outlined above.

I understand I am entitled to access my own health records except where access would be denied as listed above.

I understand I may withdraw my consent as to use and disclosure of my personal information (except where legal obligations must be met).

I authorise Action Rehab to obtain either verbal or written information in relation to my therapy from the following agencies:

- Doctor and treating surgeon
- Insurance company
- Department of Veteran Affairs (if claiming under DVA)
- Referrer
- Other health care providers (for example physiotherapists, psychologists)
- Rehabilitation provider
- Employer/Workplace representative or RTW co-ordinator.

I authorise Action Rehab to release information concerning relevant aspects of my therapy program and discuss that information with representatives of the agencies nominated below:

- Doctor and treating surgeon
- Insurance company
- Department of Veteran Affairs (if claiming under DVA)
- Referrer
- Other health care providers (for example physiotherapists, psychologists)
- Rehabilitation provider
- Employer/Workplace representative or RTW co-ordinator.

I also understand it is my responsibility as a patient to attend all scheduled appointments, and that I will need to contact Action Rehab to reschedule an appointment I have cancelled or did not attend.

I understand that, if any debt collection services are engaged to retrieve any outstanding accounts relating to my hand therapy, I will need to pay the fees associated with this.

Patient name: ..... Date: .....

Signature: .....

Signature of parent/guardian if patient is under 18 years of age:

.....