



Privacy and protection of health information is essential for quality health care and we are committed to protecting the privacy and confidentiality of the information we handle about you.

Current Privacy legislation entitles every individual to certain rights of privacy in relation to information given to our medical practice. This includes the federal Australian Privacy Principles (APPs) forming part of the Privacy Act 1998 (Cth) and the Victorian Health Privacy Principles (HPPs) forming part of the Health Records Act 2001 (Vic). More information about the APPs and HPPs can be found on the Australian Information Commissioner's website www.oaic.gov.au.

This Policy outlines the information we collect about you, how we collect it, how we may use/disclose it, how we protect it, how you can correct any information we hold and how you can complain about our handling of your personal data.

We collect and hold information about you so that we may properly assess, diagnose, treat and be proactive in your health care needs. This includes personal details (name, address, date of birth, Medicare number), your medical history, notes made during the course of a medical or allied health consultation, referral to other health services providers, results and reports received from other health service providers; and credit card or direct debit information for billing purposes.

Wherever possible, we will collect this information directly from you either in person, over the phone, in written correspondence (email or letter) or via the internet by our secure forms. We may also need to obtain information about you from other medical practitioners, insurance companies, TAC or allied health services. In an emergency we may need to collect information from family or friends.

Occasionally we may require a separate Medical Release Form (if required by other medical practitioners) in order to obtain copies of medical letters, history, reports or treatments.

Your personal information will only be used or disclosed for purposes directly related to providing you with quality health care, or in ways you would reasonably expect us to use it in order to provide you with this service. This includes use or disclosure to the professional team directly involved in your health care, including treating doctors, pathology services, radiology services and other specialists outside this medical practice, to the Practice's administrative staff for billing and other administrative tasks necessary to run our practice, to your health insurance fund, Medicare or other organisations responsible for the financial aspects of your care, where required by law, for example, pursuant to a subpoena, to insurers or lawyers for the defence of a medical claim and/or to assist with training and education of other health care professionals.

We aim to ensure the information we hold about you is accurate, complete, up to date and relevant. To this end our staff may ask you to confirm that your personal details are correct when you attend a consultation. Please let us know if any of the information we hold about you is incorrect or not up to date. If you believe any other information we have is incorrect please advise in writing.



Our Practice takes all reasonable steps to protect the security of the personal information we hold, by securing our premises, using passwords on all electronic systems and databases and varying access levels to protect electronic information from unauthorised interference, access, modification or disclosure and using encrypted, locally stored web forms. We do not store hard copy records. All hard copy information is destroyed by a secure document disposal service.

Under law you have a right to access personal information we hold about you. We ask that you put your request in writing. A fee for the retrieval and copying of your medical record will apply, charged in accordance with the schedule of fees specified in the Health Records Regulations 2008 (Vic), plus GST. This fee is not redeemable through Medicare.

If you have a complaint regarding the way your personal information has been handled by our Practice, please put it in writing and address it to the practice manager at Suite 2, Level 1 Building 2, Holmesglen Private Hospital, South Rd., Moorabbin 3189. We will acknowledge receipt of your complaint within 14 days, and endeavour to provide a full response within 30 days of receipt.

Patient Acknowledgement

I have read this Policy and understand why collecting information on me is necessary. I am also satisfied that the above information clearly outlines how my privacy is maintained.

I understand that failure to provide this medical practice with all the information requested may restrict their ability to provide me with the quality of care and treatment that I require.

I understand, that if my information is shared with other health practitioners, the purpose of this is to enhance my medical care and treatment.

I understand that if my information is to be used for any other purpose (other than those set out above) my permission will be sought prior to any action being taken.

I acknowledge that I have read this information and hereby give my treating medical practitioners, allied health practitioners and their staff permission to either release or request any medical information or health records relevant to me as required.

Signed: _____ Date: _____

Name (please print) _____

*If you complete an Online Appointment Request Form you need to acknowledge that you have read this Policy to submit your request. You will also need to complete this form in hard copy at your appointment.