

ESSENDON FOOT CLINIC

Recent requirements under the Health Privacy Act state that we now require your consent to collect information about you. Please read this information carefully, and sign and date where indicated below.

The Essendon Foot Clinic 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, treat and be proactive in your health care/podiatry needs. This means we will use the information you provide in the following ways:

- Administration purposes in running our practice
- Billing purposes, including compliance with Health Insurance Commission requirements
- Relating your information to others involved in your care, including your general practitioner and specialists outside this practice. This may occur through referral to other doctors, or for medical tests and in the re-post or results returned to use following referrals
- Relating of information to other podiatrist/doctors in this practice is for the purpose of patient care. Please let us know if you **do not** want your records accessed for these purposes and we will note this in your record accordingly.

I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a privacy policy on handling patient information.

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 health care 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 my information is to be used for any other purposes other than that set out above, my further consent will be obtained.

I consent to the handling of my information by the Essendon Foot Clinic for the purposes set out above, subject to any limitation on access or revelation that I notify this practice of.

Name (print) _____

Signature _____

Date / /