



PRIVACY INFORMATION AND CONSENT FORM

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.

a2z Health Group recognises the importance of keeping the personal information that you entrust to us private and confidential. As a patient of a2z Health Group certain personal information will be required to establish and maintain your treatment plan, including health information.

Collection of information

This means a2z Health Group will collect information which is necessary to properly assess and treat you and may include:

- Name, address, telephone numbers, email address
- Date of birth
- Occupation
- Health information (including details of your medical history, family medical history, notes made during consultations, results of investigations, reports received from other health providers)
- General practitioner, Support Coordinators, Plan Managers, Advocates and/or other specialists involved in your care
- NDIS Number
- Transaction details associated with services provided to you by providers at a2z Health Group
- Additional information provided to us by you
- Information provided to use through patient/referrer surveys

This information is collected in order to provide you with the optimum care.

Use of Media

a2z Health Group may photograph, record videos and/or audio clips of you and/or your sessions for documentation and support purposes. Where appropriate, the photographs/recordings will be shared with relevant stakeholders (e.g., support coordinators, plan managers, other health professionals and/or the NDIS) to assist you in gaining access to necessary therapeutics supports.

PLEASE TICK whether you do or do not agree to the use of media -

I agree to be photographed, video recorded and or audio recorded by a2z Health Group. I consent to these recordings being shared with any Third Party to assist in support with my plan.

I DO NOT agree to be photographed, video recorded and or audio recorded by a2z Health Group. I do not consent to these recordings being shared with any Third Party to assist in support with my plan.

Use and Disclosure

With your consent, a2z Health Group will use and disclose your information for purposes such as:

- Account keeping purposes
- Referral to other medical or health care services
- Quality assurance, practice accreditation and complaint handling
- Advice of treatment options
- To prevent or lessen a serious threat to an individual's life, health or safety
- Where legally required to do, such as producing records to court
- Providing written or verbal reports to other stakeholders involved in your care to help keep them informed about your progress
- In the event that you are somehow incapacitated and therefore unable to provide 'informed consent' in relation to emergency medical care, the person that you nominate as your next of kin on the 'NDIS Service Agreement' will be contacted

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
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Physiotherapy/occupational Therapy & Dietetics treatment is generally an effective and safe form of treatment however like any treatment there are benefits and risks. The purpose of this form is to let you know what 'your rights are and how we address the issue of a collaborative decision making and informed consent between the therapist and patient.

Therapists in this practice will discuss your condition and options for treatment with you so that you are appropriately informed and can make decisions relating to treatment. You may choose to consent or refuse any form of treatment for any reason including religious or personal grounds. Once you have given consent, you may withdraw that consent at any time.

Questions of a Personal Nature.

Your therapist may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. The more information you provide, the more likely it is that the therapist can provide effective treatment. It is your choice as to what information you choose to provide. If you feel uncomfortable with a particular question or group of questions, please let the therapist know and they will cease.

Physical contact

During the examination, assessment and treatment it may be necessary for your therapist to make physical contact. Your therapist will ask your permission before making physical contact with you in any way. Wherever possible, contact will be made using a towel or other forms of screening. Physical contact requires your express consent. You may withdraw consent at any time at which point, all physical contact will cease immediately. Please inform your therapist if you feel uncomfortable at any time.

Children and minors

Consent from a custodial parent is required to treat a minor.

ACKNOWLEDGEMENT AND CONSENT

I provide my consent for a2z Health Group to collect, use and disclose my personal information as outlined above.

I understand that I am not obliged to provide any information requested of me. I also understand that failure to provide this medical practice with all the information it needs may restrict the practice's ability to provide quality of health care and treatment that I require.

I am aware that I have the right to access the information collected about me except in circumstances where my access might legitimately be withheld. I understand that I will be given an explanation in these circumstances.

I understand that should my information be required to use for any other purposes other than that set out above, my consent will be obtained.

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 a2z Health Group to obtain either verbal or written information in relation to my therapy from the following agencies:

- Doctors
- NDIS Representative
- Support Coordinators
- Plan Managers
- Plan Stakeholders
- Other Rehabilitation Health Care providers
- Family Members
- Carers
- Relevant Government agencies

I authorise a2z Health Group to release information concerning relevant aspects of my therapy program and discuss that information with representatives of the agencies nominated below:

- Doctors
- NDIS Representative
- Support Coordinators
- Plan Managers
- Plan Stakeholders
- Other Rehabilitation Health Care providers
- Family Members
- Carers
- Relevant Government agencies

I have read this form and understand why collecting information about me is necessary. I am also aware that this practice has a Privacy Policy on handling patient information

By Initialing I consent and agree to the terms and conditions of this Service Agreement

Patient Signature/Initials: Date:

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

Parent/Guardian Signature/Initials:

Authorised a2z name: Heloise Adam (Practice Manager)

Signature: 
