



The Women's Clinic Victoria

Confidentiality, privacy and access to your records

Your personal details will be kept strictly confidential, however to provide good quality comprehensive health care it is necessary to collect some personal information from you.

Your personal health information would not be disclosed to other people unless your consent is obtained and recorded, or as prescribed by law e.g. a court subpoena, other reporting or access requirements by authorities.

This is required for:

- Administration purposes
- Billing purposes, which includes our compliance with the Health Insurance Commission and Medicare
- **NB: Information may be passed on to third parties in order to recover any outstanding monies owed, for example, for pathology or debt collection agencies. You may incur further costs if such action is necessary.**
- Others involved in your care including nurses, doctors and sometimes others outside the practice including specialists, pathology, ultrasound and x-ray staff to whom you may be referred.
- Health insurance funds for those wanting to make a claim from their private health insurance.
- Research and quality assurance monitoring which is necessary to improve the quality of care and practice management, may involve disclosure of patient details or statistics that are collected for Government health departments. Collection of data for government organisations is always de-identified.

Under the Privacy Act and State legislation, you are entitled to access information collected about you and included in your medical record, except in some circumstances where it might legitimately be withheld. In such a case you are entitled to a written explanation. There is a charge for time and resources involved in meeting your request, which is inline with state legislation guidelines. You may request an amendment to your personal information if it is incorrect. Your records will be destroyed after 7 years.

Having read this information you will be asked to sign the "consent to collection of personal information" clause below. If your information were needed for any purpose other than already stated, your consent would need to be obtained specifically for that purpose.

I understand that by signing the patient details form that I:

_____ *Print Name*

Consent to the collection of personal information by this practice for the purposes set out above. I understand that I may compromise the quality of my health care in stipulating limitations to disclosure. I consent to the sharing of my personal information with other health service providers outside this medical practice where it is considered necessary by my practitioner for the delivery of quality health care.

I understand I have the right to lodge a complaint about the handling of my personal information if I am dissatisfied, which will be dealt with in accordance with the Practice's Complaint Handling Procedure.

(Should you be dissatisfied with our response, you may lodge your written complaint with the Victorian Privacy Commissioner at <https://www.privacy.vic.gov.au> and/or the Victorian Health Services Commissioner at <http://www.health.vic.gov.au>)

Signature: _____

Date: _____

Consent for Ultrasound

It is important that your doctor gets an accurate picture of your gestational dates so the operation can be carried out safely. The Ultrasound is external and poses no radiation or infection risk to you. If the doctor cannot see the pregnancy on external Ultrasound, he may advise follow-up specialist ultrasound and/or will discuss the risks of un-evidenced pregnancy.

Signature: _____

Legal Guardian: _____

Consumer Feedback & Complaints Management:

Please contact the Practice Manager: robynl@womensclinic.com.au or Phone 9769 4134
Or Women's Clinic, PO BOX 686 Beaconsfield 3807