

MILESTONE MEDICAL

*Dr Katie Taylor
MBBS FRANZCOG
Obstetrician & Gynaecologist*

*Dr Paul Koch
MBBS FRACP
Paediatrician*

PRIVACY INFORMATION CONSENT

We require your consent to collect personal information about you to assist us in providing quality healthcare. Please read this information carefully and sign where indicated below.

The information collected will assist us in diagnosis and management of your condition.

The information you provide will be used in the following ways:

- *Administrative purposes in running our medical practice.*
- *Billing purposes including compliance with Medicare and Health Insurance Commission requirements.*
- *Disclosure to others involved in your healthcare including specialists outside the medical practice. This may occur through referral to other doctors or for medical tests and in reports or results returned to us following the referrals.*
- *Disclosure to other doctors in the practice and locums covering during holiday periods of leave.*

I have read the above information 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 I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the healthcare and treatment given to me, except in some circumstances where access might be legitimately withheld. I understand that I will be given an explanation in this event.

I understand that if my information is to be used for any other purpose set out above my consent will be obtained.

I consent to the handling of my information by this practice for the purposes set out above subject to any limitations on access or disclosure that I notify this practice.

Patient Name:

Signed
Patient Signature/ Guardian/Responsible Person/Statutory Health Attorney

Date