

# Coorong Medical Centre

## Privacy Policy

At Coorong Medical Centre, we aim to provide you with the best possible care. We appreciate your co-operation and understand that information provided to us is highly personal and needs special care and protection. This practice is committed to protecting your privacy in accordance with the National Privacy Principles. This obligation rests not only with the doctors but all members of staff who have access to this information – all of whom have signed confidentiality agreements.

### COLLECTION OF INFORMATION

Staff members will record the following information on your file:

- Full name, date of birth, addresses and phone numbers (to allow correct identification of files, appointments and questions, and to enable us to contact you when necessary).
- Medicare Number/Health Fund details (necessary for account purposes).
- Pensioner, Veterans Card details (to enable you to claim appropriate concessions).
- Medical details (allergies, past history, medications).
- Name and contact details for an emergency contact &/or Next of Kin

If you are unable to provide us with the above information we would have genuine concerns that we could not offer you the best standard care.

### STORAGE AND DISPOSAL OF INFORMATION

Paper files are stored in a secure room. Only authorized personnel may access these files. Information is stored on our computer system which can only be accessed using a secure password. Obsolete information is shredded with your identity protected.

### DISCLOSURE OF INFORMATION

Your Doctor will provide details concerning yourself for any appointment that you may be referred. Copies of this letter may be sent to other Doctors involved in your care to ensure they are informed of your condition.

Your information may be released to other health providers if deemed to be in your best interest. Occasionally we are obliged by law to release details relating to statutory requirements or public health matters – this information is kept strictly confidential.

In all other circumstances your written consent is required before we disclose information to a third party. Upon your request, your records will readily be made directly available to any Doctor who needs them to provide a second opinion or establish your health status.

### SIGNED CONSENT

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

Signature of patient ..... Date .....

Please print full name .....