



## **AMENDMENT TO PRIVACY ACT 1988 (December 2001)**

### **PATIENT CONSENT TO COLLECT & DISCLOSE INFORMATION**

The Privacy Act 1988 requires medical practitioners to obtain consent from their patients to collect, use and disclose that patient's personal information.

#### **Collection**

This means we will collect information that is necessary to properly advise and treat you. Such necessary information may include:-

- full medical history;
- family medical history;
- ethnicity;
- contact details;
- medicare/private health fund details;
- genetic information;
- billing/account details; and
- photographic records

The information will normally be collected directly from you. There may be occasions when we will need to obtain information from other sources, including, but not limited to:-

- other medical practitioners, such as former GPs and specialists;
- other health care providers, such as physiotherapists, occupational therapists, psychologists, pharmacists, dentists, nurses; and
- hospitals and Day Surgery Units.

Both our practice staff and Doctor Olbourne may participate in the collection of this information.

In emergency situations we may need to collect personal information from relatives or other sources where we are unable to obtain your prior express consent.

#### **Use and Disclosure**

With your consent, acknowledged by your endorsement of this form, the practice staff and the Doctor will use and disclose your information for purposes such as:

- account keeping and billing purposes;
- referral to another medical practitioner or health care provider;
- sending of specimens, such as blood samples or pathology specimens for analysis;
- referral to a hospital for treatment and/or advice;
- advice on treatment options;
- the management of our practice;
- quality assurance, practice accreditation and complaint handling;
- to meet our obligations of notification to our medical defence organisations or insurers;
- to prevent or lessen a serious threat to an individual's life, health or safety;

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- where legally required to do so, such as producing records to court, mandatory reporting of child abuse or the notification of diagnosis of certain communicable diseases; and
- the conduct of research in a non-identifiable manner and/or the production of publications to be displayed at a scientific meeting or forum.

Access

You are entitled to access your own health records at any time convenient to both yourself and the practice.

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 would unreasonably impact on the privacy of another;
- your request is frivolous;
- the information relates to anticipated or actual legal proceedings and you would not be entitled to access the information in those proceedings; and
- in the interest of national security

We ask that, where possible, your request be in writing. We may impose a charge for photocopying or for staff time involved in processing your request. Where you dispute the accuracy of the information we have recorded you are entitled to correct that information. it is our practice policy that we will take all steps to record all of your corrections, and place them with your file but will not erase the original record.

Consent

I provide my consent for *Dr Norman Olbourne* to collect, use and disclose my personal information as outlined above.

I understand that I am entitled to access my own health records except where access would be denied as outlined above.

I understand that I may withdraw my consent as to use and disclosure of my personal information (except when legal obligations must be met).

Patient Name:.....

Signed:.....(Patient)

Witnessed:.....

Date:.....

