

# Privacy Statement

General Surgery Armadale  
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As a medical practice we are bound by the Australian Privacy Principles contained in the Commonwealth Privacy Act 1988 to keep your personal medical details confidential. We also have professional and ethical obligations to protect your privacy and keep your personal information confidential. However there are circumstances where we may need to share your information with others and these circumstances are detailed in this document.

## What information do we collect?

We collect information that is necessary for the primary purpose of providing quality health care. We may also use the information you provide in the following ways: Administration purposes and running our practice, billing purposes including compliance with Medicare. Disclosure to others involved in your healthcare.

## The type of personal information we collect from patients and prospective patients include:

- Name and contact details
- Age, gender, and date of birth
- Medical history, family medical history
- Current health and medications
- Medicare and health insurance details

## How do we collect information?

We collect personal information directly from the patient. On occasion we may need to request information from other sources; these may include General Practitioner, other medical specialists, other health care providers including hospitals, endoscopy centres, radiology or pathology providers. This information will be collected by either medical or practice staff. In emergency situations we may need to collect information from relatives or other individuals you may know. People you may meet during your treatment, who may have access to your records. The people will include the doctors and nurses who work in our practice, anaesthetists, secretarial staff and practice manager. When in hospital the nurses and hospital staff, medical and nursing students. How do we use your personal information? With your consent, the information may be passed on to others for the following reasons. Referral to another medical practitioner or health care provider, for the purpose of seeking a second opinion on your treatment, treatment in hospital, quality assurance and complaint handling, to laboratories if sending samples for analysis or seeking advisory services related to your treatment.

## Accessing your personal information

You have the right to access your medical records. The request for access must be in writing at a mutually convenient time. We will always try to meet your request within a reasonable time. In some circumstances your request may be denied. These circumstances include;

- If we no longer have the personal information about you;
- Accessing the medical record may cause a threat to your health or life;
- If providing access would be unlawful;
- If denying access is required or allowed by law;
- If the request relates to existing or anticipated legal proceedings and would normally be disclosed as part of those proceedings;
- If the request is frivolous.

*Photographs and videos may be taken of you either from external or internal viewpoint. These would be kept in your medical records, copies may be sent to other health professionals involved in your health care.*

I have read and understood this document and understand the content and the implications for me personally. I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained. By signing this document, I give consent for my information to be collected and used as outlined in this document.

Name (Print full name) \_\_\_\_\_

Name (signed) \_\_\_\_\_ Date \_\_\_\_\_