A/PROF JOHN W FULLER
NEUROSURGEON
MBBS, FRACS

Privacy Consent and Information

The Privacy Act 1988 requires medical practitioners to obtain consent from their patients to collect, use and disclose a patient's personal information. Our privacy policy is available on request to all patients.

Collection

We will collect information that is necessary to advise and treat you that may include:

- Medical history
- Family medical history, genetic information, ethnicity
- Contact details
- Billing details / Medicare number / health fund details

Details will be stored in your notes and on our computer system. Information will be collected from you and other sources such as your GP, specialist, other health care providers such as physiotherapists, nurses, and hospitals. Both our practice staff and medical practitioners will participate in collection of this information. In an emergency situation we need to collect information from other sources where we are unable to obtain your prior consent.

Use and Disclosure

With your consent the practice staff use and disclose your information for purposes including;

- Informing your GP and referring specialists on your treatment
- Referral to other doctors, health professionals, ordering tests and hospital admission
- Quality assurance, practice accreditation and complaint handling
- Account keeping and billing e.g. Medicare, health funds, insurance companies
- Practice Management
- To meet our obligations of notification to our medical defence organisation or insurers
- To prevent or lessen a serious threat to an individual's life health or safety
- Where legally required to do so such as producing personal information that could identify a person will be removed
- Research. Where information is to be disclosed to another party "de-identification" of information will be used – that is personal information that could identify a person will be removed

Access

You are entitled to access your own health records. If access is requested we ask that your request be in writing. Where you dispute the accuracy of the information you are entitled to correct that information. We will take all steps to record any of your corrections and place them with your file but will not erase the original record. Access can be denied in some specific cases.

Consent

I provide consent for Dr John Fuller to collect, use and disclose my personal information 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 _____ Date _____