

CONFIDENTIALLY AND POLICIES FOR THE COLLECTECTION & MANAGEMENT OF PERSONAL INFORMATION

For the purpose of providing accurate assessment and treatment to you and/or your child, it is necessary to collect personal information. You can access the information recorded in your file by forwarding a written requested to your clinician (a processing fee may apply). All information is strictly confidential and will only by viewed by clinical and relevant personnel (clerical) who are bound by the legal requirements of the *National Privacy Principles* from the *Privacy Amendment (Private Sector Act 2000)*.

COLLECTION

Personal information that will be required to accurately advise and treat yourself or your child may include:

- Full medical history
- Family medical history
- Educational history
- Ethnicity
- Contact details
- Medicare/private health fund details
- Genetic information
- Billing/account details

Information regarding your personal details and history will typically be collected directly from yourself however there maybe occasions where information is requested from other medical practitioners including GP's and allied health professionals, such as physiotherapists, occupational therapists, psychologists, pharmacists, dentists and nurses. Schools/teachers/education assistants and tutors may also be consulted.

In some exceptional situations it may be necessary to collect personal information from relatives or other sources if unable to obtain your prior express consent.

USE AND DISCLOSURE

With your consent your information will be used and disclosed for purposes such as:

- Administrative purposes
- Account keeping and billing
- Referral to another medical practitioner or health care provider
- Referral to a specialist centre for treatment and/or advice
- Advice on treatment options
- Quality assurance, practice accreditation and complaint handling
- To meet obligations of notification to medical defence organisations or insurers
- To prevent or lessen a serious threat to an individual's life, health or safety



٠ 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

CANCELLATION POLICY

To ensure that Finding Our Voice is able to provide the highest quality of care to all clients, a minimum of 24 hours is required when cancelling a scheduled appointment. On occasions where sufficient notice is not provided, a late cancellation / non-attendance fee of 50% of the consultation will be incurred. This fee must be paid in full prior to the commencement of your next session.

CONSENT

I have read the information provided and understand the reasons why my personal and health information is required to be collected.

I understand that I am not obliged to provide information requested of me, but that failure to do so might compromise the accurate diagnosis and treatment of my or my child's health or educational issues.

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

I am aware of my right to access the personal and health information collected, except in some circumstances where access might legitimately be withheld.

I consent to the handling of my or my child's personal information by Finding Our Voice for the purposes set out above.

Patient Name: and/or Legal Guardian

SIGNED:

Patient : _____ and/or Legal Guardian

DATE: / /____