100 Williams Street RED HOUSE PAEDIATRICS Ph: 9783-7667 Fax: 9781-2623

Frankston VIC 3199 Dr Ylva Andersson, Dr Ted Lowther, Dr Marlise Tilders info@redhousepaediatrics.com.au

CHILD’S NAME:

**Health Information Collection and Use Consent Form**

As a patient of our medical practice we require you to provide us with your personal details and a full medical history of your child, so that we may properly assess, diagnose, treat and be proactive in your child’s health care needs. We aim to protect the privacy and secure storage of health information. Privacy laws introduced on 1 July 2002 are designed to protect the consumer and ensure that information collected about private and personal health matters are handled responsibly. This is a private paediatric practice. The practice is subject to the Health Records Act and will follow the Health Privacy Principles. The information collected as part of the medical consultation will be contained in the medical record and used only to assist in the comprehensive assessment and management of your child. You can gain access to your child’s information on request. You can request to view a copy of the Health Records Act if required.

We require your consent to collect personal information about you and your child and to use the information you provide in the following ways. Please read this consent form carefully, and sign where indicated below.

* Administrative purposes in running our medical practice.
* Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
* Disclosure to others involved in your child’s care including treating doctors, specialists outside this medical practice or the child’s school.
This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following referrals.
* Disclosure to other doctors in the practice, locums etc. attached to the practice for the purpose of patient care and teaching.
* For research and quality assurance activities to improve individual and community health care and practice management. Usually information that does not identify your child is used but should information that will identify your child be required you will be informed and given the opportunity to ‘opt out’ of any involvement.
* To comply with any legislative or regulatory requirements eg. notifiable diseases.
* For reminder letters which may be sent to you regarding your child’s health care and management.

You can decline to have your child’s health information used in all or some of the ways outlined above but it may influence our ability to manage your health care to provide the best outcome for your child.

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| I have read the information above and understand the reason why my information must be collected |  |
| I understand that I am not obliged to provide any information requested of me, but failure to do so may compromise thequality of health care and treatment given to me.  |  |
| I am aware of my rights to access the information collected about my child, except in some circumstances where accessmay be legitimately withheld. I will be given an explanation about these circumstances. |  |
| I understand that if information is to be used for any other purpose than set out above, my further consent will beobtained. |  |
| I consent to the handling of information by the practice for the purpose set out above, subject to anylimitations on access or disclosure of which I notify this practice. |  |
| **OR** |  |
| I am unsure and would like to discuss this further with someone from the medical practice before I sign. |  |

**Patient’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s/Guardian’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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