

WESTERN CLINIC MEDICAL CENTRE
PATIENT CONSENT AND PRIVACY DOCUMENT

For Collection and Disclosure of Medical Information

Please read the following before signing.

Your Medical Record is a confidential document. It is the policy and practice of Western Clinic Medical Centre to maintain the privacy of personal health information at all times and to ensure that this information is only available to authorised members of staff, relevant specialists, pathology and Radiography Institutions as deemed necessary by your Medical Practitioner.

We collect personal information for the sole purpose of providing health care services. At all times the confidentiality of this information will be maintained and will only be disclosed for the provision of health services. This information may need to be amended from time to time and will only be done with the patients full knowledge and consent.

This practice will only use medicare numbers collected from patients for the purpose of identification, billing and the processing of medical data.

I _____ give permission for the
Medical Practitioner at the Western Clinic Medical Centre to collect and record
personal
Information regarding _____.

Patients Signature _____

(if under 18 years of age parent or guardian may sign)

Date ____/____/____

Staff/Doctor Signature _____

Updated October 2018