

Gosford Private Hospital

Unit Record Number

Family Name

Given Names

Date of Birth Age

Sex Room No.

PRIVACY CONSENT

OR USE LABEL

As part of the Health Care Group, Gosford Private Hospital is committed to, and bound by, the Australian Privacy Principles contained in the *Privacy Act 1988* (Cth) and other privacy laws that govern how private sector health service providers collect, use, disclose and store your personal and sensitive (health) information.

Gosford Private Hospital collects your personal details and medical history so that we can provide you with medical treatment and advice. We only collect information that is reasonably necessary for your treatment and to help manage your care. The management of your care involves provision of your health information to members of your treating team (eg your private doctor, physiotherapist, nurses) and potentially to other health service providers (eg pathology and imaging where a test is ordered by your doctor).

If you do not provide us with certain personal information, this may impact on our ability to provide you with quality care.

Gosford Private Hospital will ordinarily collect your personal information directly from you. Sometimes we may also need to collect information from third parties (eg a relative or other health services provider), if it is unreasonable or impracticable to collect it from you (eg in the case of an emergency).

To facilitate continuation of your care following discharge, it is our practice to disclose personal information to your nominated General Practitioner. If you do not want your personal information disclosed to your nominated General Practitioner, please let us know.

In the event that you do not have capacity to provide consent to treatment, we will need to provide information about your condition to your substitute decision-maker to allow that person to make decisions on your behalf. We may also disclose information about your condition to persons who are responsible for you where this is necessary to provide appropriate care to you or on compassionate grounds. If you do not want your personal information disclosed to a particular person, please let us know.

Gosford Private Hospital does not ordinarily disclose patient personal information to entities overseas. You may direct us to do so if, for example, your health insurer is based outside of Australia. Privacy regulations in other countries may not be as strict as in Australia.

Our privacy practices are set out in further detail in our Privacy Policy, including how you may access and seek correction of your information, how you may complain about a breach of your privacy and how we will manage a complaint.

Privacy consent

I **consent** to Gosford Private Hospital collecting, using and disclosing my personal information for the purposes described in the Privacy Policy and this form, including:

- Providing treatment to me and helping to manage my care.
- Associated administrative and management purposes such as:
 - making bookings;
 - billing and communicating with health insurers and government departments which pay health benefits and refunds;
 - managing and improving our health care services through safety and quality assurance and accreditation activities.

I understand that Gosford Private Hospital may outsource certain services and that contractors will be required to comply with privacy laws.

Optional additional uses and disclosures

Please mark those additional activities which you consent to us undertaking with your personal information. **You are under no obligation to consent to any of the following uses or disclosures.**

- to contact me to seek my consent to participate in research projects to be undertaken at Gosford Private Hospital.
- to provide practical training and education to medical, nursing and other allied health students or staff, provided that de-identified information is used wherever this is appropriate.
- to invite me to participate in quality improvement activities at Gosford Private Hospital (eg contacting me to request that I complete a patient survey).
- to contact me for the purposes of marketing activities undertaken at Gosford Private Hospital.
- to disclose my personal information to my health insurer located outside of Australia.

Please turn over to sign acknowledgement

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I acknowledge that I have received a copy of the Health Care Group Privacy Policy and that I understand and consent to the dealings with personal information as indicated in that policy and above.

Patient Name (Please Print & Date)		____/____/____
Patient Signature		
If NOT Patient signing because they do not have capacity to give consent (Indicate RELATIONSHIP : parent / guardian / substitute decision-maker)	Print name: Signature:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Substitute Decision-maker <input type="checkbox"/> Other _____
I direct you NOT TO PROVIDE my personal information to: <i>(please specify name / details and ensure that this person is not the patient's substitute decision-maker should they lose capacity)</i>		

If you have any concerns about privacy please contact:
 Gosford Private Hospital
 Phone: 02 4324 7111

