

BOURNEMOUTH MEDICAL CENTRE
16 BOURNEMOUTH CRESCENT
WEMBLEY DOWNS WA 6019
TEL: +61 8 9341 3399

The Privacy Act requires us to inform our patients of their rights relating to the collection, use and disclosure of their personal information.

Patient Privacy

We aim to provide a high quality of care. In order to perform this task we will ask you for some personal details. These details will be collected and recorded by both reception staff and doctors. The Australian Privacy Act requires medical practitioners to obtain consent from patients to collect, use and disclose their personal details.

Basic information, such as name, address, phone number, email, date of birth, Medicare and pension numbers, and private insurance details, is used to identify your record and may be used for Medicare and accounting purposes, reminders, and to plan and organize tests, investigations, medical referrals or operations. If any of the details in your record change, please let the staff know so they can make any corrections.

The remainder of your medical record is strictly confidential. If, however, a referral is required to a specialist, information may be included that is pertinent to the medical problem. Other than meeting medico legal requirements, information will not be released to anyone else without your approval.

You may withdraw your consent for Bournemouth Medical Centre to use and disclose any personal information, except where legal obligations must be met, following discussion with your doctor.

You are entitled to access your health record at a time convenient to yourself and the practice, except where access may be lawfully denied. We ask that your request be in writing and we expect you to pay for staff time and office expenses involved in processing your request. Please note that such requests cannot be processed during a Medicare funded consultation.

If you transfer to another practice, you may request a copy of your records be forwarded to your new general practitioner. This request must be in writing and a cost will be involved in preparing a copy of your clinical records and for postage.

It is important to us that your expectations about the way in which we handle your information are the same as ours. Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is available only to authorized members of staff. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your doctor.

I understand and consent to the above.

(Patient signature)

Date: _____

PLEASE PRINT NAME