



## PATIENT PRIVACY CONSENT

This form sets out key details about your privacy rights and how we handle your personal information. More detailed information is available in our Privacy Policy which is available at [www.scr.com.au](http://www.scr.com.au) and on request.

### Collection of Personal Information

In order to provide you with adequate health care, we need to collect and use personal information. Please be aware that if we receive incomplete or inaccurate information we may not be able to provide our services as requested.

The personal information we collect may include your contact and payment details, medical history, treatment preferences and relevant family history and lifestyle information, which may include information about your work, relationships, religion, beliefs, ethnic background, sexual preference/activity and genetic information.

We collect personal information in a variety of ways including from forms you submit, over the phone and from third party sources such as your relatives and personal representatives, other health providers and your My Health Record (in accordance with the My Health Records Act). We may also collect it from the third parties to which we disclose personal information, as described below.

We are subject to many laws in providing our services, and sometimes we may collect, use and disclose personal information as required or authorised by or under those laws. This may include the Privacy Act itself, as well as the Health Insurance Act, the Health Insurance (Diagnostic Imaging Accreditation) Instrument, the My Health Records Act, the Healthcare Identifiers Act and the National Health Act.

### Use and Disclosure of Personal Information

We collect, use and disclose personal information to provide health care such as assessing your health and providing a diagnostic imaging report. We may also handle your personal information for other purposes such as appointment reminders, billing and debt recovery, administration, practice management, service improvement, training, audits, records management, claims/insurance/investigations, research (in accordance with privacy requirements) and business sale transactions.

We may disclose personal information to other health providers (e.g. for referrals and continuity of treatment), parents/guardians, persons exercising power of attorney, insurers, government agencies, health screening services and our service providers (such as those described in our Privacy Policy). We sometimes need to disclose personal information in response to subpoenas and to comply with mandatory reporting obligations to State or Federal authorities (e.g. where we suspect a patient is at risk of serious harm). Our South Coast Radiology Group comprises South Coast Radiology, Darling Downs Radiology and Mackay Radiology. We are also part of the Integral Diagnostics Group which includes radiology businesses and services throughout Australia. Where we share personal information with other members of the Integral Diagnostics Group, they may handle personal information in a similar way to us. Some of the parties described above may be located in other countries.

### Further Information

Our Privacy Policy includes further information about how we collect and handle personal information, where we send it and how you can access and update your personal information or make a complaint. If you provide personal information about someone else you must ensure that they agree to the collection and handling of their information as described in this privacy consent and our Privacy Policy.

### Your Consent

You agree:

- to the collection, use and disclosure of your personal information in accordance with this document.
- for your results/images to be sent to your medical practitioner, health care provider or medical imaging provider, including by fax or electronic communication.
- for messages to be left with your immediate family members/de-facto partner (e.g. appointment confirmation).

You may contact us to withdraw your consent above. We may still handle your personal information as required or authorised by law. In some cases, withdrawal of consent may affect our ability to fulfil your requests and provide appropriate health care.

Print Name: \_\_\_\_\_

Signed by Patient OR Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

(South Coast Radiology Representative)