

PRIVACY & CONFIDENTIALITY POLICY & CONSENT FORM

Thank you for choosing Fertility Tasmania, we look forward to your first appointment.

You as the patient have certain legal rights with respect to the information that you provide to Fertility Tasmania. You have a right to have your information kept private, confidential and secure. Your permission is required before we are able to collect personal information about you and before we can disclose this information.

The information obtained is used primarily to provide you with the best possible healthcare however it is also utilised in the following ways:

- > Compliance with Medicare and HIC requirements
- > Billing and administrative purposes
- > Disclosure to others involved in your healthcare, including treating doctors and specialists outside of this practice. This may occur through referral to other doctors or for medical investigations.

The information is stored securely electronically in your medical health record.

Your privacy is of utmost importance to us. To maintain confidentiality and to uphold the guidelines established by privacy legislation, the practice will only communicate with you, the patient, unless you have provided written permission in advance for someone other than yourself to be given specific information.

To ensure your privacy, do not be offended if members of staff feel there is a need for you to identify yourself before discussing issues that concern you.

Patient identification in the form of a photograph is desirable to be taken at registration for additional security purposes. This form of identification is strictly for patient files and is not disseminated in any way.

DECLARATION

I have read the information above and understand that I agree to provide information requested of me. I understand that failure to do so may restrict this practice and my treating doctor's ability to provide the quality of healthcare treatment I require. I understand the information is held private and secure, disclosed only for the reasons mentioned above.

I do agree

I do not agree

to photo being taken as part of patient identification

Name (print)	
Signature	Date

If you require any help or have queries with the above information, please do not hesitate to contact our friendly reception staff on (03) 6169 1111. We look forward to meeting you at your first appointment.

DR IRENA NIKAKIS

Obstetrician, Gynaecologist + Fertility Specialist

DR SAJID PATEL

Obstetrician Gynaecologist + Endometriosis Specialist

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