

Chandlers Hill Surgery - Patient Consent For Practice Communications

The purpose of this form is to inform you and seek your consent to the use and disclosure of your personal information (including health information) in regards to our reminders and notifications systems within our practice.

We have implemented technology solutions to enable communications with our patients via SMS and mobile applications or email.

In keeping with our obligations under Privacy Act 1988 (Cth) and Australian Privacy Principles and under State and Territory health records legislation, we wish to inform you of the purposes for which we may use your personal information and how we may use and disclose your personal information (including health information).

In addition to other communications we may send you from time to time, we may send you the following types of communications:

1. **appointment reminders** – notifications to you to remind you of upcoming appointment dates with the practice as well as allowing you to confirm your appointment;
2. **clinical reminders** - notifications to you to remind you to contact the practice to arrange appointments for regular clinical check-ups, medical procedures, immunisations due;
3. **clinical communications** - communications to you about your clinical care at the practice such as returned pathology results or clinical messages from the medical practitioner; and
4. **health awareness** – communications to you in relation to general health care information and health care services provided by this general practice including notification about changes to our clinic opening hours, and information about health care services provided by this general practice.

As part of the provision of health care services to you, we will send you appointment reminders, clinical reminders and clinical communications from time to time.

To the extent practicable, we will send you communications via your preferred contact method indicated below. However, you acknowledge that we may contact you using any of your contact details that you may provide to us from time to time as we consider appropriate.

Acknowledgements and Consent

I acknowledge and agree that, in the course of providing health care services to me, the general practice may need to use and disclose my personal information (including any health information) as set out in this form.

My preferred contact method for all communications is:

Letter SMS Email (not work email)

I acknowledge that the practice will use contact details provided by me (as updated by me from time to time) to communicate with me. To the extent that the mobile number or email I have provided to this general practice is utilised by more than one patient, I understand and consent that all SMS, phone and email communications will be directed to that number or email.

Please complete and sign below if you understand and agree to the acknowledgements and consent as set out above.

Patient Name: _____ Date of birth: _____

Mobile: _____ Email: _____

Address: _____

Patient Signature: _____ Date: _____