



Kaurna Country

194a Chandlers Hill Road, Happy Valley SA 5159

T: 08 8381 2822 F: 08 8322 1973

E: reception@chandlershillsurgery.com.au

ABN: 92 237 654 567

www.chandlershillsurgery.com.au

Healthlink EDI: CHANDLER

Email / SMS Consent Form

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.

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 as we consider appropriate.

Acknowledgement 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. 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.

I agree to the below methods of communication:

☐ SMS

☐ Email (not work email)

Mobile Number: _____

Email Address: _____

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

Patient Name: _____ DOB: ____/____/____

Address: _____