

NORTHERN CARDIOLOGY & SPECIALIST CLINIC

PRIVACY POLICY

At Northern Cardiology we aim to provide you with the best possible care. We appreciate your co-operation and understand that information provided to us is highly personal and needs special care and protection. Our Practice is committed to protecting your privacy in accordance with the Australian Privacy Principles. This obligation rests not only with the Doctors but with all members of our Staff who have access to this information – all of whom have signed confidentiality agreements.

COLLECTION OF INFORMATION:

Staff members will record the following information in your file:-

- Full name, date of birth, addresses and phone numbers – to allow correct identification of files, appointments and questions and to enable us to contact you when necessary.
- Medicare number/Health Fund details – necessary for account purposes.
- Pension, Veterans or Health Care Card details – to enable you to claim appropriate concessions.
- Medical details – allergies, past history, medications.
- Referring Doctor's name and address – to enable us to communicate with your referring Doctor and for you to obtain your Medicare rebate.

If you are unable to provide us with the above information, we would have genuine concerns that we could not offer you the best standard of care.

STORAGE AND DISPOSAL OF INFORMATION:

Our paper files are stored onsite in a locked compactus and offsite at a secure facility. Only authorized personnel may access these files. Information is also stored on our computer system which can only be accessed using a secure password. Obsolete information is destroyed with your identity protected.

DISCLOSURE OF INFORMATION:

Your Cardiologist will write to your referring Doctor summarizing the findings and recommendations from your consultation. Copies of this letter may be sent to other Doctors involved in your care to ensure they are informed of your condition.

Your information may also be related to other health providers if deemed to be in your best interest. Occasionally we are obliged by law to release details relating to statutory requirements or public health matters – this information is kept strictly confidential.

In all other circumstances your written consent is required before we disclose information to a third party. Upon your request, your records will readily be made directly available to any Doctor who needs them to provide a second opinion to establish your cardiac status.

SIGNED CONSENT:

I consent to the handling of my information by this Practice for the purposes and in the manner set out above, subject to any limitations on access or disclosure that I notify this Practice of:

Signature of patient: Date:

Please print full name:

If you wish to discuss any matters related to your personal information and medical records, please do not hesitate to let our staff know so that appropriate arrangements can be made.