

# DIANA FRANCIS HAND THERAPY

## Privacy Information and Consent Form

Please read this information and sign the bottom of the page.

### PRIVACY INFORMATION

Diana Francis Hand Therapy recognises the importance of keeping both personal and sensitive information that you entrust to us, confidential and protected. As a patient of Diana Francis Hand Therapy, certain information will be required to establish and maintain your treatment plan, including health information.

### COLLECTION OF INFORMATION

Diana Francis Hand Therapy will only collect the necessary information which is required in proper assessment and treatment.

This may include but is not limited to the following:

- Full medical history
- Family medical history
- Contact details
- Medicare and private health fund details
- Billing/account details.

There are instances where Diana Francis Hand Therapy may need to collect information from outside sources such as other medical practitioners, Allied Health Professionals such as physiotherapists, psychologists and nurses, and where applicable, a hospital. Diana Francis Hand Therapy therapists and administrative staff may be involved in the information collection.

### USE AND DISCLOSURE

With your consent, Diana Francis Hand Therapy will use and disclose your information for reasons such as:

- Account keeping purposes
- Referral to other medical or health care services
- Referral to hospital for treatment or assessment
- The management of our practice
- Advice of treatment options and communication with members of your health team

### ACCESS

It is within your right at any time to request access to your personal information and records. This can be done via a request form. Diana Francis Hand Therapy can provide a soft or hard copy, however do have the right to refuse if:

- Poses a health and safety concern, threat or injury
- Impacts the privacy of other individuals
- Is in any way involved in a legal proceeding or court order
- There are administrative fees associated with preparation of your records request.

### DIANA FRANCIS HAND THERAPY PRIVACY POLICY

If you require further information regarding this privacy statement, Diana Francis Hand Therapy has a written privacy policy that reflects the Federal Privacy Act 1988 (and amended Privacy Act 2000).

### CONSENT

I give consent for Diana Francis Hand Therapy to collect, use and disclose my personal information as outlined above.

I authorise Diana Francis Hand Therapy to obtain either verbal or written information in relation to my therapy from the following agencies: doctor and treating surgeon, insurance company, case manager, referrer and employer.

Patient name: \_\_\_\_\_

I authorise Diana Francis Hand Therapy to release information concerning relevant aspects of my therapy program and discuss that information with representatives of the agencies included in my health care. If there are specific people you do not want us to communicate to, please list here:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Patient (Parent/Guardian if under 18 years): \_\_\_\_\_