

Privacy Statement

Gordon, Lane Cove and Griffith Eye Surgery collects information from you for the purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assist, diagnose & treat illnesses & be pro-active in your health care. We will also use the information you provide in the following ways:

- Administrative purposes in running our medical practice including billing purposes, and compliance with Medicare and Health Insurance Commission requirements
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice, electronic prescription delivery service/s
- Disclosure to other doctors in the practice, locums and by Registrars attached to the practice for the purpose of teaching. Please let us know if you do not want your records accessed for this purpose, and we will note your record accordingly
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management. You will be informed when such activities are being conducted and given the opportunity to opt-out of any involvement.
- If I have a My Health Record, it may be accessed during my treatment and information may be uploaded by registered health care practitioners at the practice;
- Some clinicians use AI transcription software during consultations in accordance with both Gordon & Lane Cove Eye Surgery's privacy policy, and national patient privacy standards. If you have any queries or concerns, please bring these to the attention of your clinician.

I have read the information above and understand the reasons why my information must be collected. I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I am also aware that this practice has a privacy policy which contains information about accessing and seeking correction of personal information, privacy complaints handling process. This policy is available upon request at our reception desk.

I am aware of my right to access the information collected about me, except in circumstances where access might be legitimately withheld. I understand that if I request access to information about me, the practice will be entitled to charge fees to cover time and administrative costs which may not be covered by a Medicare rebate.

By ticking to acknowledge I have read this form I acknowledge that:

- I understand that if my information is to be used for any purpose other than set out above, my further consent will be obtained.
- I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure of which I notify this practice.
- I understand that if I wish to obtain a copy or access to my medical file the request must be made in writing and a cost may be incurred.