



Collection of Personal and Health Information Consent Form

Northern Prosthetics is required to collect information about you for the primary purpose of providing a quality service to you. In order to thoroughly assess, prescribe and provide prosthetic and orthotic treatment, we need to collect some personal information from you. If you do not provide this information; we may be unable to treat you. This information may also be used for:

- Disclosure of information to your doctors, other health professionals or funding bodies to facilitate communication and best possible care for you.
- Use within the practice if discussing or passing your case to another clinician within the practice for your ongoing management.
- The administrative purpose of running the practice.
- Billing and invoicing, either directly or through a government funding body or insurer.
- In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that concerns your return to work to an insurer or your employer.

Northern Prosthetics has a Privacy Policy that is available on request and is on our website (<http://www.northernprosthetics.com.au>). This policy provides guidelines on the collection, use, disclosure, and security of your information. The Privacy Policy contains information on how you may request access to, and correction of, your personal information and how you may make a complaint about a breach of your privacy and how we will deal with such a complaint. We do not disclose your personal information to overseas recipients.

To ensure the process of quality treatment provision, information about your assessment results and progress may be given to other relevant service providers, who are involved in your management. These may include your doctor, allied health professional, specialists, insurers, solicitors, or employers.

I, (name) _____, have read the above information and understand the reasons for the collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure.

I understand that it is my choice as to what information I provide, and that withholding or falsifying information might act against the best interests of my assessment and prosthetic or orthotic treatment and management.

I am aware that I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate.

I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me.

I have been provided with or have been given an opportunity to obtain a copy of Northern Prosthetics Privacy Policy.

I confirm that I, _____, am the parent/legal guardian of _____.

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|---------------------|--|-------------|
| Name (Print) | | |
| Signature | | Date |