



**BETHESDA HOSPITAL**

# CONSENT TO PROCEDURE/DISCLOSURE

Please use ID label or block print

SURNAME

UMRN

GIVEN NAMES

ADDRESS

GENDER

**TO BE READ AND SIGNED BY PATIENT/GUARDIAN**

## The Privacy Law

Bethesda Hospital respects and upholds your rights to privacy protection under the National Privacy Principles contained in the Privacy Amendment (Private Sector) Act 2000. The National Privacy Principles apply from their introduction on 21st December 2001. Further details regarding Bethesda Hospital's personal information management practices are available on request.

## Collection of Personal Information

Bethesda Hospital collects your personal information and in particular your health information to provide you with a quality health service. The information will normally be collected directly from you. In emergency situations we may need to collect personal information from relatives or other sources where we are unable to obtain your prior consent.

## Use of Personal Information

Health information is used by the hospital to provide treatment and care, to recover costs from Health Funds and other Insurance Agencies, in quality assurance and clinical audit and evaluation activities, for management, service monitoring, training and education, complaint handling and accreditation activities.

## Disclosure of Personal Information

Bethesda Hospital is required by law to provide the Health Department of Western Australia with identified data for each in-patient episode of care and with patient's details when a diagnosis of a communicable disease is made. Bethesda is also legally required to provide Health Funds with information about their clients who attend the hospital and to provide the Private Hospitals Data Bureau with de-identified data on all in-patient attendances.

## Access to your Records

You may obtain access to your own medical records by completing a 'Request to Access Personal Information' form. We will endeavour to provide you with a suitable range of choices as to how you may access your records. We may impose a charge for processing your request. Your request will be dealt with within 30 days of receipt.

## Correcting your Records

If you believe that personal information we hold about you is incorrect, incomplete or inaccurate, then you may request amendment of it by completing a 'Request to Amend Personal Information' form which will be attached to your medical record.

## Withholding Sensitive Information

Depending on the circumstance and the extent to which sensitive information is withheld, Bethesda Hospital may decide not to admit or treat you where it considers the information provided is not comprehensive enough to provide a quality health service.

## Privacy Questions/Complaints

Any questions about our personal information handling practices, or any complaint regarding treatment of your privacy by Bethesda Hospital can be made in writing addressed to:

**Health Information Manager, Bethesda Hospital, 25 Queenslea Drive, Claremont WA 6010**

I have, read / had explained to me, and understand Bethesda Hospital's information Handling practices as detailed above and consent to the collection, use and disclosure of my personal information by Bethesda Hospital in accordance with the Privacy Act.

Patient's Signature: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

If consenting on behalf of another individual (eg. Young child, aged parent) please print individual's name below:

\_\_\_\_\_