

Boroondara Health & Wellness Centre

738 Glenferrie Rd., Hawthorn Victoria 3122
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Health Information Collection and Use Consent Form

As a patient attending BHCW medical practice, your General Practitioner and the practice require you to provide your personal details and a full medical history, so that your General Practitioner may properly assess, diagnose, treat and be proactive in your health care needs.

BHCW aims to protect the privacy and secure storage of your health information on behalf of your General Practitioner. You can request a copy of BHCW's full privacy policy, which includes information about the collection, use and disclosure of your health information.

Your General Practitioner and BHCW requires your consent to collect personal information about you and to use the information you provide in the following ways. Please read this consent form carefully and sign where indicated below.

- Administrative purposes in running BHCW medical practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to others involved in your healthcare including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following referrals.
- Disclosure to other doctors in the practice, locums etc. attached to the practice for the purpose of patient care and teaching.
- For research and quality assurance activities to improve individual and community health care and practice management. Usually, information that does not identify you is used but should information that will identify you be required you will be informed and given the opportunity to "opt out" of any involvement.
- To comply with any legislative or regulatory requirements e.g., notifiable diseases.
- For reminder letters which may be sent to you regarding your health care and management.

You can decline to have your health information used in all or some of the ways outlined above but it may influence our ability to manage your health care to provide the best outcome for you.

Use of Artificial Intelligence (AI) in Our Practice

Our practice uses secure AI-assisted technology to support clinical documentation processes, such as drafting notes and correspondence (**ONLY with your consent given at time of consultation**) and some administrative tasks and AI reception. These tools are used to assist our healthcare professionals only. All medical decisions, diagnoses, and treatment recommendations are reviewed and made by a qualified healthcare professional.

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 failure to do so may compromise the quality of health care and treatment given to me.	☐
I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained.	☐
I consent to the handling of my information by the practice for the purpose set out above, subject to any limitations on access or disclosure of which I notify this practice.	☐
I consent to receiving occasional medical updates via sms or email such as flu vaccine arrivals and health warnings.	☐
I consent to receiving reminders, recalls and results where appropriate via sms	☐
I consent to receive correspondence via email including but not limited to Referrals, Investigation Requests, Results and Certificates	☐

OR

I am unsure and would like to discuss this further with someone from the medical practice before I sign.	☐
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Patient's Full Name :

Date of Birth :

Patient's Signature :

Date :

If the patient is under 14 years of age, or unable to sign for themselves

Guardian's Full Name:

Guardian's Signature: Relationship to Patient: