

Patient Privacy

Bade Ortho takes the privacy of your personal information very seriously.

WHAT ARE THE ISSUES?

The Federal Privacy Legislation has recently been amended to apply to the private sector. All providers of private health services must comply with this legislation. The following information outlines the policy of this practice with regard to this legislation.

OUR POLICY IN COMPLIANCE WITH FEDERAL PRIVACY LEGISLATION

The provision of quality health care is our principal concern. It requires a doctor-patient relationship of trust and confidentiality. We regard your health information as confidential. We will obtain your consent when collecting this information and handle it in accordance with the privacy legislation. You are entitled to know what personal information is held about you, what it is used for, to whom it is disclosed and how it is stored.

COLLECTION, USE AND STORAGE OF INFORMATION

As part of the consultation with Dr David Bade or Nurse / Manager,

- We will take your personal details.
- We will require you to fill out some forms about your condition.

We will use this information for the following reasons:

- Primarily to provide you with quality health care, to be able to properly assess and diagnose you.
- For communication with others involved in your care. This includes your referring doctor who will receive a letter outlining the outcome of your consultation. It also may include specialists and therapists involved in your care.
- For administrative purposes. This includes maintenance of records and billing, and the possibility of information being forwarded to a collection agency in the event of an outstanding account.
- For research and education. Your doctor is involved in teaching, research and quality assurance. He may take photographs of your x-rays or operation and use them for teaching. Your name would NOT be disclosed. He collects information about the number, type and outcome of all operations done and may use this for research or clinical audit.
- At the time of collection of this information, we will ask you to sign a consent form, acknowledging that you agree with our policy.

ACCESS TO INFORMATION

You have a right to access your information. You may ask for a copy of part or all of the record. You will be required to complete a form requesting this information. A charge may be payable for this access. In some circumstances, access may be denied but in such an event we will advise you of the reason. If you find the information is not accurate or complete, you may have the information amended accordingly. If you request, your health information will be made available to another health service provider.

The right of children to privacy may at times restrict access to their information by parents or guardians.

DISCLOSURE

Your health information may need to be disclosed without your consent in situations, such as:

- Emergency situations
- By law for public interest reasons (for example reporting of some communicable diseases)
- For a medical indemnity insurance obligation
- For billing and medical rebate purposes to Medicare or private health funds.

YOUR RIGHTS

You are not required to provide this information or give permission for it to be used as described above. However your failure to do so may compromise the treatment we are able to give you. You may discuss your concerns, questions or complains about any issues related to the privacy of your personal information with your doctor.

If you are still dissatisfied, you can contact the Federal Privacy Commissioner whose contact details are:

Website: www.privacy.gov.au