

Alice Street General Practice

Communication Consent

Name: _____

Date of Birth: _____

Postal Address: _____

Mobile number: _____

Email: _____

Our practice uses a reminder system to help you optimise your health. We may use phone/SMS/email/post to contact you for reminders, clinical messages and follow-up of results. We may send you electronic health awareness information based on your medical record.

I consent to being contacted with reminders to help me optimise my health. Yes No

I consent to being contacted with health awareness information. Yes No

Our practice may send information to the Australian Immunisation Register, the National Cancer Screening Register and the National Bowel Cancer Screening Programme. These registers may send reminders.

I consent to information being sent to Government reminder services. Yes No

Consent to receive SMS appointment reminders.

Yes No

Consent to receive clinical reminders and messages regarding results by SMS.

Yes No

Thank you for providing your personal health information to our practice. We undertake to manage this information in a secure manner and to use it only for the purpose of your health care or directly related purposes. You have the right to access your medical record. You have the right to confidentiality. Information will not be disclosed without your consent except in an emergency, or where required by law, or for billing purposes (e.g. Medicare, pathology provider). Referral to other health providers implies consent to disclose personal health information. Copies of prescriptions are routinely sent to pharmacists via the eTP exchange (MediSecure). Please read our Privacy Policy for more information.

By signing below, you are giving consent for the Alice Street General Practice to hold and use your personal health information for these purposes.

Signature of patient or guardian

Date