

Patient Privacy and Consent Form

Natural Health and Medicine understands the importance of protecting and using your personal information appropriately and responsibly. We are aware of the sensitive nature of the information you have disclosed to us and assure you that the personal information you provide to us is private and confidential. This document outlines how Natural Health and Medicine collects, uses and discloses personal patient information.

Natural Health Medicine will collect, use and disclose information about you for the following purposes:

In delivering healthcare and healthcare services:

- To assess your health needs, deliver safe and effective client/patient care, advise you of your treatment options for follow-up treatment, care and billing.
- To communicate with other relevant health-care providers.
- In the event of an emergency or of your death, we may disclose your information to notify or assist in notifying a family member or emergency contact person as specified by you.
- For teaching, demonstration and research purposes on an anonymous basis.
- To enable us to contact you, establish and maintain communication with you. This may include distributing healthcare information, booking and confirming appointments, and via client/patient educational newsletters. We may contact you by telephone or email using the phone number(s) and email address as provided by you.
- It is our policy to call your home, office or mobile 24 hours prior to your scheduled appointment. If you are not available, we may leave a reminder message on your answering machine or with the person answering the phone. No other personal information will be disclosed during this message other than the date and time of your scheduled appointment along with a request to call the clinic if you need to cancel or reschedule your appointment.

In processing financial transactions:

- For accounting purposes and to complete and submit insurance claims (eg. private health insurance rebates) and other third party adjudication and payment.
- To invoice for goods and services, process credit card payments and collect unpaid accounts.

Office: Suite 33, 3rd Floor HQ Bldg, Cnr Riverwalk & Laver Robina QLD 4226 **Mail:** PO Box 3463, Robina Town Centre QLD 4230

Mobile: 0404 11 88 92 **Email:** nargiza@naturalhealthandmedicine.com.au

Health Fund
Rebates Available

In complying with the law and regulatory standards:

- To comply with legal and regulatory requirements, such as, but not limited to, reporting child abuse or neglect, reporting problems with products or reactions to medications and reporting disease or infection exposure to public authorities.

Your health information rights:

You have the right to:

- Request restriction on certain uses and disclosures of your health information
- Access your health information

Natural Health and Medicine is not required to agree to requests made to amend or restrict the use of your personal information if it is in conflict with legal and professional regulatory requirements or in conflict with the clinic's ability to deliver safe healthcare.

By signing the consent section of this Privacy and Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed.

Natural Health and Medicine will not under any circumstance supply your confidential medical and personal information to any third parties unless required by law or consented by you. If a new purpose or request arises for the use and/or disclosure of your personal information we will seek your specified consent in advance.

You may withdraw your consent for use or disclosure of your personal information, and will explain the reasons for such a decision.

I, _____ acknowledge that I have read and understood the conditions of the Natural Health and Medicine clinic and consent to being consulted by a Naturopath (Nargiza Sowman, B.Nat) with regards to my health care. I understand that Naturopathic treatment is not intended to replace orthodox medical care or medical prescriptions.

I understand that all information given in written and or verbal form to Natural Health and Medicine is strictly private and confidential.

Print name: _____ Sign: _____ Date: _____