



Privacy and Information Consent Form

The Australian Privacy Laws give you specific rights regarding how your personal and health information is collected, stored, and used by this practice. By attending Dernancourt Medical Centre, you provide implied consent for us to collect information necessary for your care. A full copy of our Privacy Policy is available at reception or on our website.

We collect your information to provide high-quality medical care. Where appropriate, and unless you direct us otherwise, we may share relevant information with other health professionals involved in your care, such as specialists, allied health providers, hospitals, and pharmacists. Your information will not be released for any secondary purpose without your written consent.

To allow a family member or another nominated person to obtain results or information on your behalf, we require your written consent. Please complete the section below.

Patient Acknowledgement

I have read and understand the information above, including how my health information is collected and used. I understand that my information will only be used for primary healthcare purposes unless I provide additional consent. I am aware that I may change or withdraw my consent at any time.

Nominated Person for Release of Information

(Select the type of information you consent to be shared with the nominated person)

☐ Test Results

☐ Appointments & Scheduling

☐ General Health Information

Name of Nominated Person: _____

Relationship to Patient: _____

Patient Details

Patient Full Name: _____

Signature: _____ Date: _____