

Patient Privacy Policy

This privacy policy is to provide information to you, our patient, on how your personal information (which includes your health information) is collected and used within our practice, and the circumstances in which we may share it with third parties.

When you register as a patient of our practice, you provide consent for our Specialists and practice staff to access and use your personal information, so they can provide you with the best possible healthcare. Only staff who need to see your personal information will have access to it. Our practice will need to collect your personal information to provide healthcare services to you. Our main purpose for collecting, using, holding and sharing your personal information is to manage your health. We also use it for directly related business activities, such as financial claims and payments, practice audits and accreditation, and business processes.

The information we will collect about you includes your:

- names, date of birth, addresses, NOK/Emergency Contact details
- medical history, previous tests and procedures, medications, allergies, adverse events, social history, family history and risk factors
- Medicare number (where available) for identification and claiming purposes
- healthcare identifiers and health fund details.

You have the right to deal with us anonymously or under a pseudonym unless it is impracticable for us to do so or unless we are required or authorised by law to only deal with identified individuals.

Our practice may collect your personal information in several different ways.

1. Our practice will collect your personal and demographic information via methods such as telephone, referral or our patient registration form.
2. During the course of providing medical services, we may collect further personal information.
3. We may also collect your personal information when you contact us via email, SMS, telephone or communicate with us using social media.
4. In some circumstances personal information may also be collected from other sources. Often this is because it is not practical or reasonable to collect it from you directly. This may include information from:
 - your guardian or responsible person
 - involved providers, such as GP's, specialists, allied health professionals, hospitals, community health services, pathology and imaging services
 - your health fund, Medicare, or the Department of Veterans' Affairs (as necessary).

We sometimes share your personal information:

- with other healthcare providers/hospitals
 - when required or authorised by law (e.g. court subpoenas)
 - when necessary to lessen/prevent a serious threat to a patient's life, health/safety, public health/safety, or when impractical to obtain consent
 - to assist in locating a missing person
 - to establish, exercise or defend an equitable claim
 - for the purpose of confidential dispute resolution process
 - where statutory requirement to share certain personal information (e.g. some diseases require mandatory notification)
 - with third parties who work with our practice for business purposes, such as accreditation agencies, information technology providers or collection of outstanding accounts – these third parties are required to comply with Australian Privacy Principles and this policy
- Other than in the course of providing medical services or as otherwise described in this policy, our practice will not share personal information with any third party without your consent.

Our practice will not use your personal information for marketing any of our goods or services directly to you without your express consent. If you do consent, you may opt out of direct marketing at any time by notifying our practice in writing.

Your personal information may be stored at our practice in various forms, electronically, in paper form or as an audio recording. Our practice stores all personal information securely. Melbourne Heart Care will take all reasonable steps to ensure information security. We employ methods such as: passwords, secure cabinets & confidentiality agreements for all staff and contractors. Our electronic storage methods include two factor authentications for remote access, enterprise grade monitored antivirus with behavioral analysis and crypto protection, hourly back ups and enterprise firewall with geo blocking features.

You have the right to request access to, and correction of, your personal information as per the Melbourne Heart Care Access and Amendment/Correction Policy, which can be viewed on our website or provided to you by one of our reception staff.

Our practice will take reasonable steps to correct your personal information where the information is not accurate or up to date. From time to time, we will ask you to verify that your personal information held by our practice is correct and current.

We take complaints and concerns regarding privacy seriously. You should express any privacy concerns in writing. We will then attempt to resolve it in accordance with our resolution procedure. Any concerns regarding privacy should be expressed in writing to the Practice Manager at: Melbourne Heart Care - Suite 16/3 Male Street, Brighton 3186 or via phone to (03) 9592 2177

We will acknowledge your communication as soon as possible and give a time frame (up to 30 days) for when to expect an answer.

You may also contact the Office of the Australian Information Commissioner (OAIC). Generally, the OAIC will require you to give them time to respond before they will investigate. For further information visit www.oaic.gov.au or call the OAIC on 1300 363 992.

Melbourne Heart Care may review and amend this privacy policy annually or as required to ensure we are compliant with privacy laws and any other changes that may occur. The most current version is always available on our website and at our reception desks for you to view at all times.

Patient Registration Form



melbourne heart care

Personal Information

Title Mr Mrs Miss Ms Mstr Dr Other: _____

First Name _____ Surname _____

Preferred Name _____ Date Of Birth _____ / _____ / _____

Street Address _____

Suburb _____ Postcode _____

Mobile No. _____ Email _____

I consent to being contacted via SMS/Email for appointment reminders Yes No

*Although Melbourne Heart Care utilises reasonable steps to ensure information security when using electronic communication, it is not considered a secure format, and we urge all patients to take care to consider the risks of security.

Medicare No. _____

Private Health Fund _____ Membership No. _____

DVA/Pension/Government Health Care Card No. _____ Colour of Gold (DVA) Blue

Concession Card White (DVA) Green

GP's Name and Clinic _____ Yellow

Do you identify as Aboriginal or Torres Strait Islander? Yes No

Emergency Contact Details

Contact Name _____ Do you give permission for this person to have access to information regarding your:

Relationship _____ Contact No. _____ 1) Appointments and Billing Yes No

if underage: Parent/Guardian Medicare No. _____ Parent/Guardian Date of Birth _____ 2) Medical Condition Yes No

_____/_____/_____

Billing Terms and Privacy Policy

Billing Terms: Please note that this practice does not routinely bulk bill Medicare directly for your accounts. You will receive a personal account for professional services Melbourne Heart Care has provided. Accounts are itemized at a rate generally well below the recommended AMA fee level, but above the standard Medicare rebate. Melbourne Heart Care uses the services of Technicians for some selected tests. Please note that they bill separately and that their fees are not claimable. You will be given your account after your consultation/test at which time settlement is required. Payment may be made with cash, Credit, or Debit cards (we are unable to accept cheques, AMEX or Diner's Club cards). For your convenience your claim may be forwarded to Medicare online, ensuring a quick return of rebate. 24 hours' notice is required for any cancellation, otherwise a 50% fee will be charged. If you have any difficulties with payment please discuss this with Reception Staff or Reception Manager. Melbourne Heart Care fees are reviewed annually.

I have read the Melbourne Heart Care Privacy Policy and understand my right to privacy and how my personal information will be used.

I understand that in order to provide me with health care services, Melbourne Heart Care needs to collect, use and disclose my personal information, as described in the documentation provided.

Patient Signature

Date _____ / _____ / _____

Head Office

Suite 16/3 Male Street, Brighton, VIC 3186

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www.melbourneheartcare.com.au

ACN 078 559 798