

JOLIMONT ENDOSCOPY

ACKNOWLEDGEMENT OF CONSENT FOR COLLECTION OF HEALTH INFORMATION

*Privacy Amendment (Private Sector) Act 2000
Health Record Act 2001(Vic)*

PATIENT NAME: _____

PATIENT TO COMPLETE [PARENT OF GUARDIAN TO COMPLETE FOR PERSONS UNDER 18 YEARS

I _____ acknowledge that I have been informed of the following:

- [a] the organisation collecting the information is Jolimont Endoscopy
- [b] you the patient or an 'authorised person' has a right to gain access to the patient's health information
- [c] the purpose for which the information is collected is to maintain your episode of care whilst an in patient at Jolimont Endoscopy
- [d] to whom the organisation usually discloses the patient health information
- [e] Jolimont Endoscopy by law has to divulge particular information to State and Federal Health Departments
- [f] total disclosure of all medical information is essential to ensure your safe episode as an in patient

I hereby consent to Jolimont Endoscopy using the information collected from me for the purpose outlines to me.

This consent shall cease to operate when Jolimont Endoscopy receives written notification of revocation from me.

Signature of Patient / Authorised Person

Date ____/____/____