

## YOUR HEALTH INFORMATION AND OUR PRIVACY POLICY

In accordance with the Victorian Health Records Act 2001 and Privacy Act

Our practice respects your right to privacy. We realise that it is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our practice and to whom this information might be disclosed.

The policy of our practice is to follow these procedures:

1. The information collected will be used for the purpose of providing treatment to you. Personal information such as your name, address and health insurance details will be used for the purpose of addressing account to you, as well as processing payments and writing to you about our services and any issues affecting your treatment.
2. We may disclose your health information to other health care professionals, or require it from them if, in our judgement, that it is necessary in the context of your treatment. In that event, disclosure of your personal details will be minimised wherever possible.
3. We may also use parts of your health information for research purposes, in study groups or at seminars as this may provide benefits to other patients. Should that happen, your personal identity will not be disclosed without your consent to do so.
4. Your medical history, treatment records, x-rays and any other material relevant to your treatment will be kept here. You may inspect or request copies of your records at any time, or seek an explanation from the dentist. Statutory fees will apply in relation to the types of access you seek. If you request an explanation of our records or a written summary, our usual fees apply to these services.
5. If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly.
6. Our orthodontists are actively involved in further education both as participants and educators. While records within this practice "may" be used for teaching purposes, names and addresses will remain confidential.
7. We may ask to disclose your first name and photos on one of our social media outlets to show off your beautiful teeth. Your information and photos will only be disclosed with either written or verbal permission.

You can otherwise rest assured that your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either your treatment or the administration of this practice. without your written consent. If you have any queries or your concerns about our handling of your health information, please do not hesitate to raise these concerns with our practice.

Otherwise, please sign this form as confirmation that you have read and understand our privacy policy and consent to the use of your health information this way.

Signed.....

Date.....

Patient/Parent/Guardian Name.....

Dependant.....