



# Eastbound Medical Clinic

Specialist Family Physicians

**Workcover account terms:** Accounts for Workcover patients will be the responsibility of the patient. Payment will be required at

## Privacy and consent form

### Our policy advises you:

- That we need your consent to collect information about you
- That you can request access to the information we hold about you
- That you may discuss any concerns that you have about how we handle your information with your doctor or management
- How you can obtain information about any possible breaches of privacy
- Ask your doctor or see our reception staff if you would like more information about our privacy policy or how to access information from your health record

*\*Privacy Act 1988 (Cth) My Health Record Act 2012 (Cth) and Victorian Health Records Act 2001*

**I consent to the retrieval and distribution of medical information, including reports and results from medical tests, from and to others involved in my health care, including treating doctors, specialists, hospitals and other health care facilities outside this medical practice. I consent to de-identified data to be used for NHMRC government approved quality improvement and research activities.**

### How did you find out about us? (Please Tick)

- |   |   |  |
|---|---|--|
| <input type="radio"/> Facebook              | <input type="radio"/> Convenience of location | <input type="radio"/> Flu vaccine sign/ banner     |
| <input type="radio"/> Bayside Community Hub | <input type="radio"/> Leader Advertisement    | <input type="radio"/> Skin cancer sign/banner      |
| <input type="radio"/> Web page              | <input type="radio"/> School newsletter       | <input type="radio"/> Cosmetics clinic sign/banner |
| <input type="radio"/> Health Engine         | <input type="radio"/> Google Maps             | <input type="radio"/> Other (please state) .....   |
| <input type="radio"/> Friend/relative       |   |  |

<b>SIGNATURE:</b>	<b>NAME (PRINT)</b>	<b>DATE / /</b>
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<b>IF UNDER 18 YEARS OF AGE or REQUIRING CONSENT PARENT/GUARDIAN SIGNATURE:</b>	
<b>NAME (PRINT)</b>	<b>DATE</b>

**Thank you for attending Eastbound Medical Clinic!**

**Online bookings available for registered patients: [www.eastboundclinic.com.au](http://www.eastboundclinic.com.au)**



Or [www.healthengine.com.au](http://www.healthengine.com.au)



[www.facebook.com/eastboundclinic](http://www.facebook.com/eastboundclinic)