

Please read this information carefully before completing and signing this form

Hughes Medical Clinic is committed to providing you and your family with high quality health care. As part of our commitment, we are implementing technological solutions to enable communications with our patients via SMS and secure mobile applications. Use of these newer options will facilitate our communication with you and enhance the services we offer.

This form is to inform you and seek your consent to the use and disclosure of your personal information (including health information) in regards to our reminders and notifications systems within our practice.

In keeping with our obligations under Privacy Act 1988 (Cwth), Australian Privacy Principles and under State health records legislation, we wish to inform you of the purposes for which we may use your personal information and how we may use and disclose such information. For more detailed information, please refer to our privacy policy on our website (<https://hughesmedicalclinic.com.au/about/privacy-policy/>), and please ask should you have further questions.

We may send you the following types of communications from time to time:

- Appointment reminders – to remind you of your upcoming appointments with the practice, also allowing you to confirm your appointment
- Clinical reminders – reminders inviting you to arrange an appointment for regular check-ups or reviews – for example checking your blood pressure, having your next immunisation or screening tests
- Clinical communications - communications to you about your care such as informing you about test results or other clinical messages from your doctor or from our nurses
- Health Summary – can be sent to you with the new Best Health App

Please note we will never send out clinical or confidential information that is not in line with our privacy policy. Clinical results will not be sent out electronically unless explicit consent is received and it will be assessed on a case by case basis.

With your consent we may also send you

- Health awareness communications - general health care information and information about services provided at Hughes Medical Clinic. For example, notifying you about changes to our opening hours or services, or more general health information such as the availability of annual influenza vaccine.

To assist us in sending you the above communications, we may use third party service providers (which may be located outside of this State; all data is held in Australia) and disclose your personal information (including health information) to them.

We will use your preferred contact method (as nominated below) to send you communications wherever practicable, however we may contact you using any of the contact details you provide to us from time to time, when and as we consider appropriate.

#### Acknowledgments and Consent

I acknowledge and agree that, in the course of providing health care services to me, Hughes Medical Clinic may need to use and disclose my personal information (including any health information) as set out in this form.

I consent to all of the below methods of communication: \_\_\_\_\_

Best Health App    SMS    Letter    Email    Phone

If you do not wish to be contacted by any of the methods above please notify reception

Please note that Best Health phone App and SMS offer more secure communication and that some communications will not be sent via email.

Please complete and sign below if you understand and agree to the acknowledgements and consent set out above:

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_