

YOUR HEALTH INFORMATION AND OUR PRIVACY POLICY

In accordance with the Privacy Act 2000.

Our practice respects your right to privacy. We realize that it is important that you, as the patient, 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 by this practice 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 accounts to you, as well as processing payments and writing to you about 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 is necessary in order to treat you.
3. We may also use parts of your health information, without identifying you, for research purposes in study groups or at seminars as this may provide benefit to other patients.
4. Your treatment records will be kept here. You may inspect or request copies of your treatment records at any time, or seek an explanation from the orthodontist subject to the conditions contained in "Accessing Your Orthodontic Record" which is available on request from the office.
5. If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly.

You can otherwise rest assured that your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person without written consent, except as mentioned above.

Please sign this form as confirmation that you have read and understood our privacy policy and consent to the use of your health information in this way.

We will send you email & SMS communications from time to time, including appointment reminders. Please tick this box if you wish to receive communication from us.

SMS appointment reminders

Email communication; Including invoices, treatment correspondence and appointment information

Signed: _____ (Parent/Guardian)

Name of Parent or Guardian: _____

Name of Patient: _____

Date: _____