

We require your consent to collect personal information about you. Please read the below information and sign if you agree. When signed, send to The Lung Health Clinic.

The Lung Health Clinic collects personal information for the primary purpose of providing you with quality healthcare. We ask you to provide us with information such as date of birth and address and a full medical history so that we can properly assess, diagnose, treat and be proactive in your healthcare needs. Your private information includes results of tests we have asked you to have.

We will use the information you provide in the following ways:

1. Administrative purposes in running our medical practice, including billing and compliance with Medicare Australia.
2. Administrative contact with health insurance companies, private hospitals, and to facilitate your hospital admission and fee rebates.
3. Liaison with other health professionals involved in your health care, including treating doctors, specialists and allied health practitioners outside The Lung Health Clinic. This may occur through referrals for consultation or for medical tests.
4. To assist us in research and quality assurance to improve individual and community health care and practice management.

I have read the information above and understand the reasons why my personal information is collected. I am also aware that The Lung Health Clinic has a privacy policy on handling patient information.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained by The Lung Health Clinic.

Full Name *

Signature *

Date * / /