Providence
MEDICAL GROUP

PATIENT CONSENT FORM

We are committed to protecting the privacy of patient information we collect and to handling your personal information in a responsible manner in accordance with the Privacy Act 1988 (Cth), the Australian Privacy Principles, cyber security legislation and relevant state and territory privacy legislation (referred to as privacy legislation).

This Privacy Policy explains how we collect, use and disclose your personal information, how you may access that information and how you may seek the correction of any information. It also explains how you may make a complaint if you are concerned there has been a breach of privacy legislation.

From time to time we may make changes to our policy, processes and systems relating to how we handle your personal information. We will update this Privacy Policy to reflect any changes. Those changes will be available on our website and in the practice.

This Privacy Policy also addresses the responsible use of Artificial Intelligence (AI) technologies within our practice

When you first attend Providence Medical we will ask you to provide information (for example, contact details) and also ask you to confirm you consent to the collection of your information. This means that you are providing consent for the practitioners and staff to gather, access and use your personal health information to facilitate the delivery of healthcare to you. Your personal information will only be accessed by practitioners and staff who need to do so for the purpose providing healthcare to you.

We will seek your express consent before using your information for any purpose not directly related to your healthcare.

We collect personal and sensitive health information that is necessary for the provision of healthcare. This may include, but is not limited to:

- personal identifiers such as name, date of birth, address, and contact details
- medical history, clinical notes, diagnostic test results, and treatment plans
- Medicare and private health insurance details
- information generated or processed through AI-enabled tools used in clinical or administrative contexts.

We primarily collect information directly from patients. In certain circumstances, and with appropriate authority, we may also obtain information from third parties such as other treating practitioners, hospitals, or diagnostic service providers and the My Health Record. In limited situations, we may also collect information from other people, such as your relatives or friends.

CCTV footage: Collected from our premises for security and safety purposes.

Clinical images: From time to time, we may also take photographs or images with your consent obtained at the time, including on a personal device.

Website use: When you visit our website, we collect information through [cookies, tracking technologies or list other technologies you are using here]. This information is used for [insert details of usage here].

This is not personal information as you are not identified or reasonably identifiable.

We may use or disclose your personal and health information for the following purposes:

- to provide medical treatment and care, including to communicate with other healthcare providers involved in your care
- for administrative functions including billing and compliance with legal obligations
- compliance with our legal obligations.

We will communicate with or about you using the following methods –

- SMS/text messaging,
- email,
- secure messaging,
- encrypted messages]

This may include your personal and health information. We do not disclose personal information to overseas recipients unless it is necessary for the provision of care and appropriate safeguards are in place, in accordance with Australian Privacy Principle 8

We are committed to continuously improving the quality of our services and supporting clinical education. We may use your information in the following ways:

Quality Improvement and Staff Education

We may use patient information for internal audits, staff training, clinical review, and accreditation activities, de-identified where practicable. These processes help ensure we maintain high standards of care and safety.

Research

From time to time, we may participate in health research projects. If identifiable information is required, we will seek your express consent before sharing your data. You may be contacted by a member of our team to discuss a research opportunity, but you will never be contacted directly by researchers unless you have provided consent. We will only provide identifiable information for research if the project has appropriate ethics approval and meets legal and privacy requirements.

De-identified Data Sharing

We may contribute de-identified health data to health improvement initiatives or registries. This data cannot identify you and is stored securely. If you do not want your data included in these de-identified datasets, please inform our reception staff.

Marketing

We will not use your personal information to market goods or services directly to you without your express consent. If you do provide consent, you may opt out of receiving marketing communications at any time by notifying us in writing or using the unsubscribe function

Providence Medical may use AI technologies to enhance clinical decision-making, streamline administrative processes, and improve patient engagement. Examples of AI applications include:

- automated transcription of clinical consultations
- AI-assisted triage and appointment scheduling tools
- AI use of chatbots.

Governance of AI Use:

- We use AI tools in a manner consistent with the APPs and relevant ethical standards.
- Personal information is not used to train AI models unless express consent has been obtained.
- All outputs generated by AI systems are subject to human review and clinical oversight.
- No automated decision-making tool is used in this practice

The APPs provide for individuals to be dealt with anonymously or under a pseudonym, except where impracticable or where the law requires individuals to be identifiable. Please raise this with us if you wish to remain anonymous or use a pseudonym when interacting with our practice and we will consider your request. However, given the nature and requirements of providing healthcare, if impractical or required by law we will require you to be identifiable.

We will take reasonable steps to ensure your personal information is accurate, complete, up to date and relevant. We implement robust technical and administrative measures to protect personal information from misuse, interference, loss and unauthorised access, modification, or disclosure.
These measures include:

- secure electronic medical record systems with role-based access controls
- regular staff training on privacy and data protection
- having a robust cybersecurity framework
- regular audits and updates to our software and cybersecurity framework.

Information is retained in accordance with applicable legal and professional obligations. Information no longer required for the purposes it was collected and the minimum period for retention has passed, will be destroyed in a safe and responsible manner as required under privacy legislation.

You have the right to access your personal information. To request access or corrections, please contact our Practice in writing. We will respond within 30 days. A small fee may apply to cover administrative costs (but you will not be charged for making the request). We will respond to such requests in accordance with applicable privacy principles and legislation.

If you have any questions or concerns about how your personal information is handled or want to request access to or correction of your information, please contact:
Name: Deirdre Stark
Role: Practice Manager
Practice name: Providence Medical Peninsula
Postal address: 13 Bullion Street, Umina Beach NSW 2257
Phone: 02 43 41 1844
Email: peninsula@providencemedical.com.au
If you are not satisfied with our response, you may contact the Office of the Australian Information Commissioner (OAIC): Website: www.oaic.gov.au Phone: 1300 363 992
This document was updated on 30 October 2025. We review this privacy policy at least annually, or when there are changes to operations, legislation, or relevant technology. Significant changes may be communicated to patients via email, in the practice, or on our website.

PATIENT CONSENT FORM

I, _____ have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.

I, _____ give my permission for my personal information to be collected, used and disclosed as described above. I understand only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying this practice in writing.

I, _____ wish to receive health awareness communications and I hereby specifically consent to the use of my personal information by this general practice to assess the types of health awareness communication it send me and specifically consent to receipt of such health awareness communications.

I, _____ am aware that I may be liable for out of pockets expenses whilst engaging the services of a GP and the practice. These out of pocket expenses must be paid at the conclusion of my appointment. I am also aware that I may be charged a Do not attend (DNA) fee if I do not attend an appointment without cancelling. The Current DNA fee is advertised on our website.

My preferred contact method for all communications is:

Phone ☐ Letter ☐ SMS ☐ Email ☐

I, _____ acknowledge that the practice will use contact details provided by me (as updated by me from time to time) to communicate with me. To the extent that the mobile number I have provided to this general practice is utilised by more than one patient, I understand and consent that all SMS and phone communications will be directed to that number.

Patient Name: (Please Print) _____

Date Of Birth: _____

Signature: _____ Date: _____

If not Patient signing - Your name (Please Print)_____

Your relationship to patient (e.g. Mother, Father, guardian) _____

PRACTICE USE ONLY

Witnessed by: (Staff Signature) _____