

## PATIENT PRIVACY CONSENT

Sign only **after reading** the North Coast Surgical Suite "PATIENT PRIVACY and CONSENT INFORMATION" document.

### PATIENT DETAILS:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medicare: \_\_\_\_\_ Ref (\_\_\_\_) Exp: \_\_\_\_\_

Pension / Health Care Card: \_\_\_\_\_ Exp: \_\_\_\_\_

Private Hospital Insurance: Fund: \_\_\_\_\_ Member Number: \_\_\_\_\_

I provide my consent for Dr Bliegh Mupunga, Dr Stephen Strahan, Dr Robert Simon, Dr Sally Butchers, Dr Daniel Bills and North Coast Surgical Suite Staff to collect, use and disclose my personal information as outlined in the North Coast Surgical Suite "PATIENT PRIVACY and CONSENT INFORMATION" document which I have read in its entirety.

This includes permission to access My Health Record: **YES/NO**

This includes permission for the doctor to use generative AI to aid in documentation: **YES/NO**

I understand that I may withdraw my consent as to the use and disclosure of my personal information (except when legal obligations must be met).

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OR

**Signature of Attorney/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### FURTHER DETAILS:

**First Nations Status:** Aboriginal **Yes / No** Torres Strait Islander **Yes / No**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Consent for SMS appointment reminders **Yes/No**

**Email:** \_\_\_\_\_

**Name of Next of Kin (NOK) or Contact person** (please circle which): \_\_\_\_\_

NOK/Contact Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Consent to discuss with NOK/Contact: Appointments: **Yes / No** Results: **Yes / No**

**Signature of patient:** \_\_\_\_\_