Upper GI Surgery

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PRIVACY POLICY

Collection of Personal Information

This Practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and full medical history so that we can properly assist, diagnose and treat illnesses. We will also use the information you provide in the following ways:

- Administrative purposes in running our specialist practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclose to others involved in your health care, including treating doctors and specialists outside this practice.
- Disclosure to other doctors in the practice, locums attached to the practice and for the purpose of teaching.
- De-identified patient data gathered by the practice are used for audit, quality assurance and occasionally training purposes.
- All data of yours that is used for research purposes (i.e looking at the safety and effectiveness of the treatments our patients undertake) will be de-identified prior to publication or presentation at scientific meetings. This will not usually require extra consent as per NH&MRC guidelines but when we undertake prospective studies and trials we will always ask for extra consent before proceeding.

Information Handling Procedures

As a part of our commitment to providing quality health care, it is necessary for us to maintain files pertaining to your health. Your medical file is handled with the utmost respect for your privacy. Your file will be accessed by your medical practitioner and when necessary by other medical practitioners in the practice. At times, to ensure the function of our practice, it may also be necessary to allow external organisations to access our practice and view medical records. Any external organisation that provides service or advice to this practice will be aware of the need to preserve the requirements of state and federal privacy legislation and will be bound by a confidentiality agreement. This practice does not intend to disclose your personal information to overseas recipients.

Our practice uses secure AI transcription software to report patient consultations. All recordings are deleted within 7 days to ensure your privacy.

Upper GI Surgery uses Doctify to collect anonymous, verified patient feedback. To do this, we share only your mobile number, which is used to send an SMS feedback request. No other personal information is shared. As stated by Doctify, your mobile number is used only to verify your review or notify you of a reply. Your review is completely anonymous.

Ordinarily, we will not release the contents of your medical file without your consent. However, we advise that there may be occasions where we will be required to release the details of your file irrespective of whether your consent to the disclosure of the information is given. As part of our commitment to preserving the confidentiality of the information contained in your medical records, we advise that strict secure storage policies are observed in this practice.

Accessing Your Medical Record

You are entitled to access your own health records at any time convenient to both yourself and the practice. All requests for access are required to be made in writing and addressed to the attention of the Doctor. If you require a copy of your medical record, we may impose a charge for printing and staff time involved in processing your request. Generally, patients will be required to collect their records in person. If you wish to alter or erase information in the medical record, a separate written request must be submitted.

Signature..... Date.....

Upper GI Surgery

CONSENT FOR INTRA-OPERATIVE AND OTHER PHOTOS, IMAGES AND RECORDINGS FOR NON-PATIENT CARE

Medical images are often generated during patient care, such as X-rays and endoscopic photos or videos which help detail normal and abnormal findings. While recordings are not taken as a routine, on occasions a recording of an x-ray or part of a procedure can be used for teaching or research purposes. Occasions like this are uncommon and the images/recordings do not have data that reveal any personal information (for example, name, age, or images of any identifiable part of your body).

This form is to be used to obtain consent in relation to:

- All intra-operative filming, photography or streaming of procedures for education or training.
- Photographs/images that are to be used for research, education, training or any other purpose not directly related to the care or treatment of a patient.

Consent must always be obtained before intra-operative filming, photography or streaming of procedures, for education or training purposes, can occur. Even if the procedure is on a non-identifiable body part, patients must consent to participate.

We will not use any photographs or images that may identify a person, or involve a sensitive body part, without seeking further consent. Identifying information includes facial features, tattoos, scars or other body markings.

CONSENT

I understand and acknowledge:

- The reasons for these photographs/images/recordings and the purpose for which they will be used as described above.
- That this has been explained to me by the treating health practitioner.
- That my participation is completely voluntary and I can choose not to participate at all.
- That these photographs/images/recordings will be retained and managed by Upper GI Surgery in accordance with the *Health Records and Information Privacy Act 2002.*
- That I can withdraw my consent for the future use of photographs/images/recordings at any time, noting that in some cases it may not be possible for images that have already been used prior to the withdrawal of my consent to be withdrawn from circulation.
- That I may request a copy of these photographs/images/recordings.

I, _____

hereby consent myself to being photographed/imaged, live-streamed in the theatre, video recorded, or audio recorded.

Signature..... Date.....