

FNC1 PATIENT CONSENT TO COLLECT AND DISCLOSE INFORMATION

References: Human Reproduction Technology Act (HRT Act) 1991, as amended by the Acts Amendment (Lesbian and Gay Law Reform) Act 2002 and the Human Reproduction Technology Amendment Act 2004, Privacy Act 1988 (Cth) and current RTAC Code of Practice

I / We,

Female Patient Details
<i>AFFIX LABEL HERE to be initialised by patient</i>
Patient Initial.....

Partner Details
<i>AFFIX LABEL HERE to be initialised by patient</i>
Partner Initial.....

acknowledge that The Privacy Act 1988 requires medical practitioners to obtain consent from their patients to collect, use and disclose the patient's personal information.

1. RATIONALE AND SOURCES FOR COLLECTION OF MEDICAL INFORMATION

1. We will collect information that is necessary to properly advise and treat you. Necessary information may include full medical history, family medical history, ethnicity, contact details, Medicare / private health fund details, genetic information and billing/account details.
2. The information will normally be collected directly from you. There may be occasions when we will need to obtain information from other sources, for example, other medical practitioners, such as former GPs and specialists, other health care providers, such as physiotherapists, occupation therapists, psychologists, pharmacists, dentists, nurses and hospitals and Day Surgery Units.
3. Fertility North staff and medical practitioners may participate in the collection of this information. All Fertility North staff are required to sign a confidentiality agreement as part of their conditions of employment.
4. In emergency situations we may need to collect personal information from relatives or other sources where we are unable to obtain your prior express consent.

2. USE AND DISCLOSURE REQUIREMENTS OF COLLECTED MEDICAL INFORMATION

By signing this document, you are giving consent for staff to use and disclose your information for purposes such as:

1. Account keeping and billing purposes;
2. Referral to another medical practitioner or health care provider;
3. Updating your referring doctor with test results, treatment types and outcomes of your treatment;
4. Sending specimens, such as blood samples or pap smears, for analysis;
5. Referral to a hospital for treatment and/or advice;
6. Advice on treatment options;
7. The management of our practice;
8. Quality assurance and practice accreditation for NATA (National Association of Testing Authorities), RTC (Reproductive Technology Council), RTAC (Reproductive Technology Accreditation Council), and NPSU (National Perinatal Statistics Unit);
9. Complaint handling;

10. To meet our obligations of notification to medical defence organisations or insurers;
11. To prevent or lessen a serious threat to an individual's life, health or safety; and
12. Where legally required to do so, such as producing records to courts, mandatory reporting of child abuse or the notification of diagnosis of certain communicable diseases.

3. ACCESS

1. You are entitled to access your own health records at any time convenient to both yourself and the practice. Access can be denied where
 - i. There is a legal impediment to access
 - ii. The access would unreasonably impact on the privacy of another
 - iii. The information relates to anticipated or actual legal proceedings and you would not be entitled to access the information in those proceedings; and
 - iv. In the interests of national security
2. We ask that your request for access be in writing. We will impose a charge at standard rates for photocopying or for staff time and materials involved in processing your request. Where you dispute the accuracy of the information we have recorded you are entitled to correct that information. It is our practice policy that we will take all steps to record all of your corrections, and place them with your file but will not erase the original record.

4. CONSENT

I / WE

1. Give my consent for Fertility North to collect, use and disclose my personal information as outlined above.
2. Understand that access to my/our health records is an entitlement except where access would be denied as outlined above. *ref Privacy Act*
3. Acknowledge that limited identifying data on our ART cycle will be submitted to the NPSU as per Fertility North's accreditation requirements. *ref RTAC*
4. Have been given time to consider the content of this document and I/we have been given the opportunity to make such further enquiries as I/we wish before signing. I/We also understand that we have the right to withdraw or vary consent (in writing) at any time.

SIGNATURES

Print Name: (Female Patient)	Signature:	Date:	
Witness Name**: (FN Staff member or Approved 3 rd Party Witness)	Signature:	Date:	
Witness Occupation:	Registration ID (if applicable)		
Witness Address:			
Print Name: (Patient's Partner)	Signature:	Date:	
Witness Name**: (FN Staff member or Approved 3 rd Party Witness)	Signature:	Date:	
Witness Occupation:	Registration ID (if applicable)		
Witness Address:			

**** Please note: The consent will not be accepted without the patient's signature being witnessed either by a Fertility North staff member or by an approved 3rd party witness. For a list of approved 3rd party witnesses, please see page 3 of this document.**

List of Witnesses Approved by Fertility North for Procedures Other than Discard*

Fertility North Staff Member
Academic (post-secondary institution)
Accountant
Architect
Australian Consular Officer
Australian Diplomatic Officer
Bailliff
Bank Manager
Chartered Secretary
Chemist
Chiropractor
Company Auditor or Liquidator
Court Officer (Magistrate, Registrar or Clerk)
Defence Force Officer
Dentist
Doctor
Electorate Officer (State – WA only)
Engineer
Industrial Organisation Secretary
Insurance Broker
Justice of the Peace (any State)
Lawyer
Local Government CEO or Deputy CEO
Local Government Councillor
Loss Adjuster
Marriage Celebrant
Member of Parliament
Minister of Religion
Nurse
Optometrist
Patent Attorney
Physiotherapist
Podiatrist
Police Officer
Post Officer Manager
Psychologist
Public Notary,
Public Servant (State or Commonwealth)
Real Estate Agent
Settlement Agent
Sheriff or Deputy Sheriff
Surveyor
Teacher
Tribunal Officer
Veterinary Surgeon

**List of witnesses approved by Fertility North for consent forms NOT relating to the discard of gametes or embryos has been based on those witnesses who are approved by the Department of the Attorney General, Government of Western Australia.*