

## PATIENT REGISTRATION FORM FOR HAPPY KIDS PAEDIATRICS

Happy Kids Paediatrics is owned and operated by Dreams Unlimited Victoria Pty Ltd Trustee for Happy Kids Trust, trading as Happy Kids Paediatrics (ABN 43 149 881 559).

### **Privacy Policy**

Happy Kids Paediatrics, (the “**Practice**”), requires your consent to collect personal information and health information about you and your child to provide our services to you. We wish to provide you with information on how your personal information and health information may be collected, stored, used or disclosed and record your consent.

We comply at all times with the Australian Privacy law (*The Privacy Act 1988* (Cth), the *National Privacy Principles*) and the *Health Records Act 2001 Victoria*, (together ‘Health Privacy Law’) which regulate how personal information is handled including all your health details which are considered sensitive information (‘Personal Sensitive Information’). We will not disclose your Personal Sensitive Information without your consent unless required due to a medical emergency, injury, health risk or similar and we will only do so to a qualified professional who is under the same duty of confidentiality.

Please read this information carefully and sign where indicated on this patient registration form.

### **Why we collect personal information and health information?**

The Practice needs your consent to collect personal information and health information about you and your child in order to comply with our obligations under the Health Privacy Law.

Only Practice Personnel who need to see your personal information and health information will have access to it. If we need to disclose your information outside of our Practice for anything purpose outside those described in the privacy policy, we will seek additional consent from you to do this.

The Practice collects information from you for the primary purpose of providing quality healthcare and treatment. To enable us to do so, we need you to provide us with:

- (a) your personal information so that we can contact you (such as, names, addresses and contact details);
- (b) the full medical history of your child, including, medications, allergies, adverse events, immunisations, social history, family history and risk factors, previous medical test results and reports from medical practitioners and specialists, so that we may properly assess, diagnose, treat and be proactive in attending to the healthcare needs and treatment of your child;
- (c) other reports and information that you have may be relevant to the assessment of your child, such as: your child’s most recent school report, NAPLAN results, as well as assessment, treatment or therapy reports from school counsellors, psychologists, or allied health practitioners; and
- (d) the Medicare number for your child (when available) for identification and claiming purposes, healthcare identifiers, and health fund details.

### **How do we collect your personal information and health information about your child?**

Our Practice may collect your personal information, and personal information and health information about your child, in several different ways including:

1. When you make your first appointment our Practice will collect personal information and

demographic information about you and your child via your registration with our Practice.

2. During the course of providing medical services to your child, we may collect further personal information and health information about your child.
3. We may also collect your personal information when you visit our website, send us an email or SMS, telephone us, make an online appointment or communicate with us using social media.
4. In some circumstances personal information and health information may also be collected from other sources. Often this is because it is not practical or reasonable to collect it from you directly. This may include information from:
  - other involved healthcare providers, such as specialists, allied health professionals, hospitals, community health services and pathology and diagnostic imaging services;
  - your health fund or Medicare (as necessary).

#### **How do we store and protect personal information and health information?**

Your personal information, and personal information and health information about your child, may be stored at our Practice in various forms, such as: paper records, electronic records, visual records (X-rays, CT scans, videos and photos), audio recordings.

Our Practice stores all personal information securely, for example, information in electronic format is stored in password protected information systems, and information in hard copy format is stored in secured cabinets.

#### **When, why and with whom do we share personal information and health information?**

By signing this privacy consent form and agreement for the Practice to provide medical treatment and care, you are consenting that on obtaining your personal information and/or the personal information and health information of your child, it may be utilised or disclosed by the Practice for the following purposes:

1. Follow up and reminder phone calls, SMS messages and email notifications of appointments for medical treatment and care.
2. For administrative purposes in running the Practice, such as:
  - (a) with third parties who work with our Practice, such as providers of our business management functions or information technology providers – these third parties are required to comply with APPs and this policy; and
  - (b) practice management purposes and billing procedures for the collection of professional fees charged by the Practice, including compliance with Medicare and Health Insurance Commission requirements;
3. For the diagnosis and treatment of any health condition, including the communication of relevant information to Practice Personnel, medical practitioners, treating doctors, specialists and other healthcare providers to ensure quality medical treatment and care is delivered to your child;
4. To providers of ancillary medical services including, without limitation, pathology and diagnostic imaging services, medical analytical services, laboratory services, medical tests and medical reports;
5. For the purpose of obtaining medical records, clinical reports and treatment regimes from other medical practitioners, treating doctors, specialists, healthcare providers, hospitals, and other medical institutions;
6. For any compulsory disclosure or disease notification that is required by law;

7. When it is required or authorised by law, such as in response to a subpoena issued by a court or in the course of legal proceedings or alternative dispute resolution proceedings.
8. For accreditation of the Practice and compliance with the standards set by relevant organisations, including but not limited to, the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA);
9. To Practice Personnel, including locums, and medical students attached to the practice for the purpose of training and teaching, and for healthcare quality assurance activities that are conducted by the Practice Personnel and the Practice Manager and other administrative personnel of the Practice to improve the quality of the services we offer to our patients through research and analysis of our patient data;
10. To inform next of kin identified in the patient information records of the Practice of the healthcare outcome or treatment;
11. To obtain consent to necessary treatment of your child when you are not able to provide such consent; and
12. During the course of providing medical services, through eTP, My Health Record (e.g. via Shared Health Summary, Event Summary).

We will not share your personal information and the personal information and health information of your child with anyone outside Australia (unless under exceptional circumstances that are permitted by law) without your consent.

Our Practice will not use your personal information for marketing any of our goods or services directly to you without your express consent. If you do consent, you may opt out of direct marketing communications at any time by notifying by using the opt out function in the electronic communication or by informing our Practice in writing.

We may provide de-identified data to other organisations to improve population health outcomes. The information is secure, patients cannot be identified, and the information is stored within Australia. You can tell our administrative personnel if you do not want your information included.

### **Security and Destruction of Personal Sensitive Information**

We keep your Personal Sensitive Information secure and do not use it for any purposes unrelated to our Services. All our employees and any staff who may have access this personal information are under a strict duty of confidentiality and privacy practices are adhered to. Please note: we securely destroy all your Personal Sensitive Information in accordance with all regulatory requirements when you have ceased using our Services. We only retain what is required and for the period required by the Health Privacy Law.

### **Your consent to our collection, storage, use or disclosure of personal information and health information as described in this privacy policy**

You acknowledge:

- You have read the information above and understand the reasons why your personal information and the personal information and health information of your child is required by the Practice.
- The Practice has provided you with their privacy policy on handling personal information and health information as outlined herein.
- You have a right to access the personal information and health information held by the Practice, except when access might be legitimately withheld.
- You are not obligated to provide any personal information and health information requested by the Practice, but that your failure to do so might compromise the quality of the health care and treatment provided to your child.

If personal information and health information is to be used for any other purpose other than set out above, your further consent will be sought or the approval of a court of law will be obtained.

You consent to the handling of your personal information, and the personal information and health information of your child, by the Practice for the purposes set out above, subject to any limitations on access or disclosure of which you notify the practice in writing.

### **My Health Records consent**

You consent to the Practice Personnel accessing the health records at My Health Records for your child.

### **How can you access your personal information and health information?**

Our Practice will take reasonable steps to correct and update your personal information where the information is not accurate or up to date. From time to time, we may ask you to verify that the personal information held by our Practice is correct and current.

Our Practice acknowledges patients may request access to their medical records and that you have the right to request access to, and correction of, the personal information we hold about yourself and your child.

We require you to put this request in writing and post or email your request to the person whose details are set out below (“Designated Person”) and our Practice will respond within 30 days of receipt of your request time. You will not be charged for making the request; however, we can charge you our reasonable costs of complying with your request.

### **How can you lodge a privacy-related complaint, and how will the complaint be handled at our practice?**

We take complaints and concerns regarding privacy seriously. You should express any privacy concerns you may have in writing. We will then attempt to resolve it in accordance with our dispute resolution procedure.

The Designated Person will be responsible for ensuring the compliance of the Practice with the compliance with the Privacy Act 1988 (Cth) and Australian Privacy Principles. If you have any questions or requests, complaints or wish to make any applications via post or email concerning your personal information, and the personal information and health information of your child, please address your concern to the Designated Person:

Designated Person at [reception@happykidspaediatrics.com.au](mailto:reception@happykidspaediatrics.com.au)

Postal address: 8 Tobruk Avenue, Heidelberg West Victoria 3081

You may also contact the Office of the Australian Information Commissioner (OAIC). For further information visit [www.oaic.gov.au](http://www.oaic.gov.au) or call the OAIC on 1300 363 992.

### **Changes to personal information**

You agree to notify the Practice of any changes of personal details as soon as they become available, such as change of residential address, email address, emergency contact details, alternative contact details, change of name etc.

### **The terms and conditions for delivery of our paediatric services**

Please review the general terms and conditions of the Practice which are published on the Practice website at <https://www.happykidspaediatrics.com.au> in addition to the Practice Privacy Policy, which

are incorporated as part of this agreement for the Practice to provide you and your child with paediatric healthcare and treatment services.

**SIGNATURES OF PARENT OR GUARDIAN**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**MINOR CHILDREN TO BE COVERED UNDER THIS AGREEMENT**

Please print the names of all minor children to be covered by this Agreement below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign below and indicate your relationship to the minor child(ren) above:

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

My relationship to the above child(ren) is \_\_\_\_\_