

CONSENT TO USE INFORMATION

St Vincent's Bone & Joint would like you to indicate in this consent form whether or not you consent to the use of your personal information being used for the purposes listed below.

Please provide your consent to the list below by initialling next to the boxes and signing the bottom of this form where indicated:

I consent that St Vincent's Bone & Joint provide relevant information to the assessment and treatment of my condition with my referring doctor, other medical practitioners, specialists and or institutions who may treat me in the future but only to the extent necessary to treat the particular condition I have been referred for. For example this may include a requirement to forward relevant information to an anaesthetist prior to surgery.

I consent that the next of kin identified by me for an admission etc they be informed of the outcome of treatment or to obtain consent to necessary treatment when I am not able to provide such consent.

I consent to the research and or development projects undertaken by St Vincent's Bone & Joint in conjunction with medical practitioners who work in the faculty and or drug companies.

(Your information would only be used in a de-identified way – ie. your name and other identifiers personal to you will not be used).

I enable St Vincent's Bone & Joint access to my health fund and Medicare of which I am a member if required.

I consent that St Vincent's Bone & Joint are able to access my medical information from my referring doctor, other medical practitioners, specialists, hospital and or institutions relevant to my treatment.

Full name:

Date:

Signed:
