

CONSENT TO USE OF PERSONAL INFORMATION

Obligations under the South Australian Government’s Code of Fair Information Practice (2001) and the Privacy Act 1988 (as amended).

To ensure that your personal information is utilised in accordance with the above mentioned Code and Act, I am required to obtain your consent. Please note that I am obliged to comply with Court orders and certain statutory requests for information for which your consent is not required.

I,
(Print Full Name)

hereby consent to the use of my personal information for the purposes indicated below except those which I have deleted and initialled:

- To inform my local doctor and other healthcare professionals involved in providing me with care. To request and receive information from your healthcare attendants
- To evaluate the quality of the the service provided by Dr Onuma either as an internal audit process or as research for publication.
- To respond to request/audits of data by the Department of Human Services.
- Depersonalised video and photographic material for the purposes of training, education and publication.

In addition I direct you NOT to provide any personal information to (please specify name and/or details):

.....

Patient _____ Date ____/____/____
Signature

Witness _____
Signature (Print Full Name)

This document will remain in force unless you advise that you wish to alter your directions regarding use of your personal information in any way.

Oseka Onuma
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