

Privacy Information and Consent Form

Company name



Personal Details

Surname First Name

Date of birth / / Gender: Male Female Other Age

Address

Suburb State Postcode

Tel: (H) Mobile

Email Proposed occupation

OFFICE USE ONLY ID Verification: Driver's Licence Passport Work ID Security pass Other
Date form printed: / / Checked in by:

Introduction

The Privacy Act 1988 (Cwth) gives you certain rights in relation to personal information that you provide to us or which we otherwise collect.

This form explains what your rights are over the use we make of the information and how we may disclose it to other medical service providers and organisations.

Collection

We will only collect information that is necessary to properly assess, advise and treat you. Such necessary information may include your contact details; a full medical history; Medicare or health fund details; and billing or account details.

The information will normally be collected directly from you. There may be occasions when we will need to obtain information from other sources, such as other doctors or health professionals; where this is the case, your written permission will be obtained in advance in respect of any health or other sensitive information.

Our staff, therapists and medical practitioners will participate in the collection of this information.

In rare emergency situations, where your life may be threatened and where you are physically incapable of giving your prior express consent, we may need to collect personal information from relatives or other source or provide information about you to other doctors who are treating you.

Use & Disclosure

We will use and disclose your information for purposes such as:

- Providing a report about your health status and work capacity to the person or organisation that referred you to us (this may be a doctor, your employer or potential employer, WorkCover or other body).
- Disclosure at the request of your employer or potential employer to any contractor or project manager at which you are or may be deployed.
- Account keeping and billing purposes.
- Referral to another medical practitioner or health care provider; sending of specimens for analysis; referral to a hospital for treatment and/or advice; advice on treatment options.

- The management of our practice including quality assurance, practice accreditation and compliance handling;
- To meet our obligations of notification to our medical defence organisations or insurers.
- To prevent or lessen a serious threat to an individual's life, health or safety; and where legally required to do so, such as producing records to court or the mandatory notification of diagnosis of certain communicable diseases.
- Disclose to our contractors or the contractors of your employer to assist us in providing our services to you. This may include overseas contractors in countries such as Malaysia or Singapore, who store or process information for us.
- If you sign this consent form, you will be acknowledging that Australian Privacy Principle 8.1 (which requires us to take steps to ensure that any overseas entity we disclose personal information to does not breach the Australian Privacy Principles) may not apply and you further acknowledge that you understand that any such overseas recipient may not be accountable under the Privacy Act 1988 (Cth) ("Act") and you may not have any recourse against that recipient under the Act in the event it mishandles or misuses your personal information.
- Disclosure to other doctors, therapists or health professionals within this practice for the purposes of teaching.
- Telling you about our services or products.

Consequences for not Disclosing Information

If we are unable to collect the information about you referred to above, we may be unable to provide you with the services you require.

Requests for access to your personal information should be in writing. Photo identification may be required and an access fee may be payable. You can request an amendment to your records should you believe that it contains inaccurate information.

Privacy Policy

Our full privacy policy is available at our website fullertonhealth.com.au Our Privacy Policy contains

information about how you can access and correct your personal information, how you can complain about a breach of the Privacy Act and how we will deal with such a complaint.

PLEASE NOTE: The physical examination does NOT include a breast examination, vaginal examination or rectal examination. The assessment may include an examination of your blood pressure, limbs, abdomen, lungs, heart, nervous system and an examination for hernias. You may be asked to demonstrate some movements including bending to touch your toes or squatting.

Contact Details

We may be contacted regarding all privacy matters using the following details:

Fullerton Health Australia Pty Ltd
ACN 164 892 924

Privacy Officer
Lower Ground Floor, 183 Melbourne Street
North Adelaide SA 5006

Contact us: fullertonhealth.com.au

Consent & Acknowledgement

I the undersigned:

- authorise a Jobfit representative to release via email, fax or post any relevant personal medical details from this medical to the authorised representative at my prospective employment or employer.
- acknowledge that I have read and understand this Privacy Information and Consent Form.
- consent to Jobfit collecting, using and disclosing my personal information (including health or other sensitive information) for the purposes detailed above.

Applicant's signature

Date

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