YOUR HEALTH INFORMATION AND OUR PRIVACY POLICY

In accordance with the Privacy Act 2000.

Our practice respects your right to privacy. We realize that it is important that you, as a parent or guardian, understand the purpose for which we collect details about your child's health, as well as how this information is used at our practice and to whom this information might be disclosed.

The policy of our practice is to follow these procedures:

1. The information collected by this practice will be used for the purpose of providing treatment to your child. Personal information such as your name, address and health insurance details will be used for the purpose of addressing accounts to you, as well as processing payments and writing to you about any issues affecting your child's treatment.
2. We may disclose your child's health information to other health care professionals, or require it from them if, in our judgement, that is necessary in order to treat your child.
3. We may also use parts of your child's health information, without identifying him/her, for research purposes in study groups or at seminars as this may provide benefit to other patients.
4. Your child's treatment records will be kept here. You may inspect or request copies of your child's treatment records at any time, or seek an explanation from the orthodontist subject to the conditions contained in "Accessing Your Orthodontic Record" which is available on request from the office.
5. If any of the information we have about your child is inaccurate, you may ask us to alter our records accordingly.

You can otherwise rest assured that your child's health information will be treated with the utmost confidentiality. Disclosure will not be made to any person without written consent, except as mentioned above.

Please sign this form as confirmation that you have read and understood our privacy policy and consent to the use of your child's health information in this way.

Signed: _____   parent/guardian

Full Name of parent/guardian _____

Name of Patient _____

Date: _____