



## Form For

# Privacy Notice

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North Coast Radiology Group (NCRG), which includes North Coast Radiology, Clarence Valley Imaging, Chatswood Radiology and Ryde Radiology, adheres to the National Privacy Principles and Health Privacy Principles in its handling of patients' personal information.

### Notice about what we do

NCRG will collect your personal information from you, and sometimes where necessary from other people associated with your healthcare, in order to provide you with a health service, and for associated administrative purposes.

Your personal information, including health information, will be held, used and disclosed in accordance with the National Privacy Principles in the *Privacy Act 1988* (Cth), and the Health Privacy Principles in the *Health Records and Information Privacy Act 2002* (NSW). NCRG will routinely disclose your health information, including the results of any investigations, where appropriate to medical practitioners, hospitals and health care providers who are involved in your treatment or care.

You have the right to access and seek correction of the personal information and health information we hold about you. For more information, including a complete list of the ways in which NCRG uses and discloses patient information, please ask for a copy of our ***NCRG Patient Privacy Policy***.

### Patient authorisation

*Please tick the following authorisations you agree with, and sign at the bottom of the page.*

- I authorise NCRG to collect my medical information from other health service providers, including the results of investigations performed by other medical practitioners, hospitals and health care providers, when it is necessary for NCRG to have that information to provide its services to me.
- Today's successful treatments are based on the clinical trials of the past. If I have a condition that is suitable for inclusion in a clinical trial I consent to being contacted by the clinical trial coordinator about possible inclusion, and I understand that I can decline any such offer of inclusion at any time.
- If, in the event that my workers' compensation insurer, my employer or other third party declines to pay for services rendered by NCRG, I undertake to pay the costs of such imaging services.
- I authorise NCRG to disclose my medical information to \_\_\_\_\_ .

I (Patient's Name) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

*Note: If the patient is under 16,  
a parent/guardian is to sign.* \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**This Privacy Notice will be valid for a period of 3 years.**