

FORM P

CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION

**PRIVACY (PRIVATE SECTOR) AMENDMENT ACT 2000 (CTH)
NATIONAL PRIVACY PRINCIPLES
and
CODE OF FAIR INFORMATION PRACTICE (SA)**

I
(print full name)

of *(print full address)*

CONFIRM

- That I have received, read and understood a copy of the Repromed Privacy Policy and the Repromed Privacy Policy Pamphlet.
- That I consent (subject to the conditions set out in this document) to Repromed using and disclosing my health information in accordance with the practices described in these documents.

UNDERSTAND

- That I am entitled to a copy of this completed consent form.
- That I may revoke or vary my consent at any time by notice in writing to the Licensee*.
- That the information I provide to Repromed will be disclosed to my partner unless I direct Repromed not to disclose certain information to my partner (see below).
- That my consent may be given subject to conditions and that provision is made for me to specify such conditions below:
- That as a Public Patient my medical records will be transferred to the Women’s and Children’s Hospital for archiving.

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(Set out in full any conditions, in addition to the conditions stated above, to which the consent is subject. If additional space is required, attach an extra page signed by the consenting person and the medical practitioner.)

If you want to specify conditions about the use of your information or place limitations on the disclosure of your information to your partner or otherwise, please contact our Client Services Manager before your first appointment.

*** The Licensee is Adelaide Fertility Centre Pty Ltd trading as Repromed.**

Consent Form P

Authorised: *Richard Heenan*

CONSENT

I, the abovenamed, having read the contents of this consent form, hereby consent to the use and disclosure of my health information as provided for in this form.

SIGNED BY: (signature)

..... (print full name)

IN THE PRESENCE OF: (signature of witness)

..... (print full name of witness)

DATED THIS..... DAY OF20.....