



**Providing consent**

In accordance with the *Privacy Act 1988 (Cth)*, the *Australian Privacy Principles* and Noosa Hearing's *Privacy Policy*, I hereby provide my express consent to:

- The collection of my personal information included on the Client Details Form for the administrative purposes of running The Practice;
- Correspondence regarding my personal and health information being sent to other healthcare providers and administrators which may include the following: referring General Practitioners (GP), Audiologists, Ear, Nose and Throat (ENT) Specialists, Psychologists, Speech Pathologists, public or private hospitals, hearing aid and cochlear implant manufacturers where applicable;
- My health records and results being released to my treating GP, ENT specialist or other;
- The use of my information for billing purposes including collection of fees and compliance with Medicare, Health Insurance Commission, Workers Compensation, Department of Veterans Affairs (DVA), Hearing Services Program (HSP), National Disability Insurance Scheme (NDIS) and hearing device manufacturers, where applicable;
- The use of my information to validate eligibility for Vouchers from the relevant Government Department and associated administrative functions;
- The release of my information to education and other support providers for my child (if applicable);
- Receiving information about new benefits, promotions or products that may be relevant to me.

**Declining consent and / or withdrawal of consent**

You may decline to provide your consent to us. You may also withdraw any previously implied or expressly provided consent at any time. If you expressly choose to not provide consent to any of the above and withdraw all previously implied consent, please tick this box:

**The Practice Privacy Policy**

I also acknowledge that:

- I have read and understood The Practice Privacy Policy.

<b>Patient's Name:</b>	
<b>Patient's Signature:</b>	<b>Date:</b>

**Consent by Parent / Guardian** (Required for patients under 18 years or where a patient is unable to sign)

I confirm that the patient is unable to provide consent and that I am authorised to provide consent on their behalf.

<b>Parent / Guardian Name:</b>	
<b>Relationship to Patient:</b>	
<b>Parent / Guardian Signature:</b>	<b>Date:</b>