



NORTH STREET SPECIALIST CENTRE

NSSC PRIVACY CONSENT FORM

Dr Lynne Steele, Psychiatrist need to collect information about you in order to thoroughly assess, diagnose and provide appropriate treatment. This information will be used for:

1. Communication with your doctor or other health professionals to enable the best possible care for you;
2. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that concerns your return to work to an insurer or your employer
3. The administrative purposes of running the practice; including billing either directly or through an insurer or compensation agency;

The NSSC (North Street Specialist Centre) has a Privacy Policy that is available on request and is available in the reception area and on the NSSC website. The policy provides guidelines on the collection, use, disclosure and security of your information. The privacy policy also contains information on how you may request access to, and correction of, your personal information.

I, have read the above information and understand the reason for the collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure.

I understand that it is my choice as to what information I provide and that withholding or falsifying information might act against the best interest on my assessment, diagnosis and treatment progress.

I am aware that I can access my personal and treatment information on request and if necessary correct information that I believe to be inaccurate.

I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me. I have been given an opportunity to obtain a copy of the NSSC privacy policy.

NSSC CONSENT for COMMUNICATION via E-MAIL

I, hereby consent to have Dr Lynne Steele Psychiatrist, communicate with me or, where appropriate, other health professionals and agencies via e-mail, regarding aspects of my medical care and treatment. I understand that e-mail is not a confidential method of communication. I further understand that there is a risk that e-mail communications between Dr Lynne Steele and me or between Dr Lynne Steele and other health professionals or agencies regarding my medical care and treatment, may be intercepted by third parties or transmitted to unintended parties. I understand that in an urgent or emergent situation I should not rely on e- mail for the transfer of information.