

Record of Privacy Consent

01 August 2016



Section 1
Should be completed by the patient
or carer if in attendance.

OR

Section 2
Should be completed only if the
consent is obtained verbally only.

SECTION 1: PATIENT CONSENT

The nature of BloodSTAR has been fully explained to me. I understand the BloodSTAR Privacy Statement and Notice and Patient Information Brochure and I have received a copy to take away with me. I have had the chance to ask questions, and all my questions have been answered to my satisfaction. I consent to:

- ◆ the recording of personal information (including sensitive health information) about me/my child/ the person I care for or represent in BloodSTAR,
- ◆ the use of this information to submit a request for, and for the assessment of, initial or ongoing authorisation for access to publicly funded immunoglobulin products, against the criteria determined by Australian governments for this purpose,
- ◆ the use of limited identifying details within BloodSTAR search functions to ensure that patients are correctly identified,
- ◆ the use of this information by clinicians in Australian treatment facilities that I attend for health care, in order to deliver health services according to the purposes for which authorisation has been given, and
- ◆ the use of this information in a manner which will not readily identify me (such as through the removal of directly identifying personal information, or use of summary level grouped data) for the purposes of: identifying priorities for research, education and training; performance evaluation and improvement of the supply, authorisation and use of immunoglobulin products; further developing the criteria upon which Government policy is based; supply planning so the National Blood Authority can make sure enough Ig products are available to meet patients' needs; and enabling reporting on the program for supply, authorisation and use of publicly funded immunoglobulin products.

I understand that any additional use of information in BloodSTAR will only be undertaken in accordance with the requirements of the Privacy Act 1988 (Cth) and any relevant state/territory laws, and that the information may only be made available for medical or public health research only with approval of properly constituted human research ethics committee (HREC).

Name of patient Date of birth

Signature of patient Date

Name of parent/carer/guardian Date

Signature of parent/carer/guardian Relationship to patient
(Required if the patient is a minor and unable to consent to medical treatment or otherwise lacks the capacity to consent).

Name of interpreter Signature of interpreter, if face to face Date

Record of verbal/telephone Privacy Consent

01 August 2016



NOTE: This section should only be completed if the patient consent is being obtained verbally only.

SECTION 2: VERBAL/TELEPHONE PATIENT CONSENT

Declaration: I have supplied a BloodSTAR Privacy Statement and Notice and Patient Information Brochure to the patient (or parent/carer/guardian of the patient if the patient is a minor and unable to consent to medical treatment or otherwise lacks the capacity to consent).

I believe that the patient (or parent/carer/guardian) understands the purpose, extent and possible consequences of giving consent to the collection of their personal and sensitive health information. They are aware of the purpose of the collection of their personal and sensitive health information and all usual uses and disclosures of that information.

I confirm that the patient (or parent/carer/guardian) has voluntarily provided express consent to the collection of their personal and sensitive health information into BloodSTAR and to the usual uses and disclosures as set out in the Privacy Statement and Notice.

Name of patient

Date of birth

Name and position of clinician obtaining consent

Signature of clinician obtaining consent

Date