Patient Label 1 *Partner Label 2*

PATIENT REGISTRATION FORM

	Patient Details	Partner Details
Title		
First name		
Surname		
Preferred name		
Gender		
Date of birth		
Medicare number	Ref No Exp date	Ref No Exp date
Telephone home		
mobile		
work		
email		
Street address		
Suburb & postcode		
Hospital fund		
Membership No.		
Referring doctor		
Referral date		
Street address		
Suburb & postcode		
Usual Dr if different		
Street address		
Suburb & postcode		

How did you find out about IVFAustralia?
Please tick your response (more than one can be selected)

Where did you hear about IVFAustralia?
My GP ☐
My Obstetrician or Gynaecologist ☐
IVFAustralia brochure in my GP's surgery ☐
Friend or family ☐
Online research (Google, forums etc) ☐
Story in the news ☐
Advertisement in the newspaper or radio ☐
Fertility event (seminar or webinar) ☐
Letterbox drop ☐
Other _____ ☐

Who recommended you come to IVFAustralia?
My GP ☐
My Obstetrician or Gynaecologist ☐
Family or Friend ☐
I asked my doctor ☐
Other ☐

Have you attended an IVFAustralia Information night?

When: _____ Where: _____

PRIVACY NOTICE AND CONSENT

IVF Australia (**we, us, our**) collects personal information to provide you, or (if applicable) your partner, with fertility treatment. We understand the sensitivity of your personal information, particularly in an area that is as important to you as fertility treatment, and undertake to keep your information confidential and use it only in accordance with this notice.

1. Purpose of collection

We collect personal information for the purpose of providing advice and treatment to you, accounts and billing (including for making Medicare and private health insurance claims), managing our practice (including for quality assurance, practice accreditation and recordkeeping purposes) and handling complaints and incidents. We may be required or authorised to collect your information by the *Assisted Reproductive Technology Act 2007* (NSW) and *Assisted Reproductive Technology Regulation 2009* (NSW).

Where practicable, we will collect your personal information directly from you. The information we collect may include health information, which is a type of sensitive information. Sensitive information is a category of personal information that is given a higher level of protection under the *Privacy Act 1988* (Cth). If you do not provide us with sufficient information, we may be unable to provide you with advice and treatment.

2. Disclosure

We may disclose your personal information in a range of circumstances relating to your treatment, including:

- sharing your information within the treatment team
- communicating with the referring medical practitioners
- referrals to other medical practitioners, hospitals or health care providers
- referring specimens to external laboratories for analysis
- where necessary to Medicare and your insurer
- complaints and incident handling, and notifications to our insurers
- disclosure to our service providers, where doing so is necessary for your treatment or for our management and administrative purposes
- disclosure, where legally required, to third parties – for example, in response to a court subpoena or for mandatory reporting of specific diseases
- providing required information to the Director-General of the NSW Ministry of Health, including the name of any gamete donor and the identity of any baby born following gamete donation, to be kept in the central ART donor register, in compliance with regulatory requirements
- providing a small sample of case-notes for confidential review as part of annual Code of Practice audits by the national Reproductive Technology Accreditation Committee (RTAC), or its agents, in compliance with regulatory requirements
- in rare instances, sharing your information with our clinical ethics review committee (which has members who are not part of

- IVF Australia), if they need to determine whether your care meets our treatment guidelines, and
- submitting a de-identified summary to the Australia and New Zealand Assisted Reproduction Database (ANZARD) of every treatment we perform. This information may be further supplied to other government and statutory bodies, all in compliance with regulatory requirements. In all these cases we remove any information that personally identifies you.

If you request us to send materials related to your treatment to another country we will be required to disclose your personal information to people in that country.

The diagnosis and treatment of infertility often involves more than one person (for example, your partner, donors or surrogates). Where you are undergoing treatment with a partner, it is our policy to share all your information with your partner UNLESS you tell us not to disclose your information to your partner.

3. Access, Correction & Complaints

Our Privacy Policy sets out how we handle personal information, including how you can seek to access and/or correct the personal information that we hold about you, and our complaints handling procedures. You can access our Privacy Policy at ivf.com.au/privacy-policy.

We want to make sure your expectations about your privacy protection are the same as ours. If you have any concerns, please discuss them with your doctor or any member of our staff. If, after this discussion, you still have concerns, you can contact our Privacy Officer at nswprivacyofficer@virtushealth.com.au

4. Exchange of your health information

As part of your treatment we may be required to exchange information with others (including your general practitioner). The safest way of sending and exchanging your personal information is through encrypted email. When sending emails internally, we will use encryption technology to protect your personal information. However, if it becomes necessary to send your information externally, many intended recipients of your personal information may not be able to read encrypted emails. In this case, the most convenient way to send your information is by unencrypted (ie, normal) email. The alternative is to fax or post your information.

You can authorise others to access your personal information on your behalf. If you do, it may be necessary for us to send your information by unencrypted email. The sending of your information by unencrypted email may slightly increase the risk that your information may be disclosed or accessed without your knowledge or consent. By ticking the relevant box below, you give us and others involved in your treatment (such as your general practitioner), the authority to exchange your personal information by unencrypted email.

Consent

☐ You consent to us collecting, using and disclosing your personal information, including sensitive information, in the way described in this notice.

☐ You consent to us and others involved in your treatment exchanging your personal information by unencrypted (ie, normal) email.

☐ Yes   You consent to us sharing your personal information with your partner.
or   **Note: If you do not consent to us sharing your information with your partner, this may affect the treatment we**
☐ No   **can provide to you.**

_____   _____   ____ / ____ / ____

Patient's name   Patient's signature

_____   _____   ____ / ____ / ____

Partner's name (if applicable)   Partner's signature (if applicable)