The QUT Health Clinics will not tolerate unacceptable behaviour, which may include swearing, aggressive or threatening behaviour.

QUT Health Clinics staff will take appropriate action to address this behaviour to support the safety of all clients, students and staff, including calling QUT Security or the Police.
RESEARCH
The QUT Health Clinics support research activities and special teaching clinics.

Any research conducted within the clinic must be approved by the QUT Human Research Ethics Committee (HREC), in accordance with the National Statement on Ethical Conduct in Human Research (www.nhmrc.gov.au).

Research activities conducted at the clinic may include reviewing patient health records to assist in the development of new research theories or contribute to medical knowledge. QUT researchers or research assistants may use de-identified medical records.

A QUT researcher or research assistant may access your medical records to assess your suitability for a project, if suitable they may contact you to seek your interest in participating in research projects or special teaching clinics. Your participation in this research is optional and will not affect your routine clinical care.

In accordance with the Information Privacy Act (2009) all information collected in this practice shall be treated as ‘sensitive information’. To protect your privacy, this practice operates in accordance with the Act and QUT’s Information Privacy Policy (http://www.mopp.qut.edu.au/F/F_06_02.jsp).

Tick below if you do not wish to participate:

- [ ] I do not want my medical record accessed to assess for suitability for research purposes.
- [ ] I do not wish to be contacted to discuss participation in research.

YOUR INFORMATION
In accordance with the Information Privacy Act (2009), all information collected in this practice is treated as ‘sensitive information’. To protect your privacy, this practice operates in accordance with this Act and QUT’s Information Privacy policy (http://www.mopp.qut.edu.au/F/F_06_02.jsp).

Students observing or participating in consultations have signed and are bound by a strict confidentiality agreement. If your record is used as a teaching aide, identifying information will be removed before use.

We collect and use the information you provide to manage your healthcare. You can assist in maintaining the accuracy of your information by advising the practice of any change of address, telephone number etc.

Selected information may be disclosed to various other health services involved in supporting your healthcare management (for example your GP or other specialists).

Your personal information will not be disclosed to a third party without your written authorisation.

In some circumstances we are legally obliged to disclose information about you, for example if records are subpoenaed for a court case or there is a legal requirement to collect information about your particular health conditions such as life-threatening diseases or diseases with high public risks. We will ensure that any such disclosure is limited to only what is necessary.

If you have questions regarding the management of your personal information, please ask our staff or if you wish to make a complaint about privacy, contact QUT Privacy Officer (privacy@qut.edu.au).

I, (print name) __________________________ understand and consent to the above.

Signature: __________________________ Date: __________

I, (parent/guardian) __________________________ give consent for treatment by QUT Health Clinics for my child (child’s name) __________________________

By signing this I acknowledge that I have read and fully understand the above consent statement. I intend this consent form to cover the entire course of my treatment for my child for present and future conditions for which my child may require.

Signature: __________________________ Date: __________

Thank you for visiting QUT Health Clinics.