

PATIENT PRIVACY CONSENT FORM

Coastal Orthopaedic Group is committed to maintaining the privacy of our patients.

In order to safely and effectively provide you with the best care possible, we may collect, use and store personal and health information from you and other health professionals involved in your care.

Coastal Orthopaedics may also need to provide your personal or health information to others (such as specialists or other members of your care team) so you receive quality and effective care.

We may also use personal information as part of our billing and administrative processes, in order to comply with Medicare and Health Insurance Commission Requirements.

A copy of our full Privacy Policy is available on our website. The Privacy Policy contains information about obtaining and updating your personal information, how we deal with your personal and health information and how you may raise any concerns or make a complaint.

Your Acknowledgement

- I acknowledge and agree to Coastal Orthopaedics collecting, using and storing my personal and health information in accordance with this consent form and Coastal Orthopaedics' Privacy Policy.
- I agree to Coastal Orthopaedics communicating with me by email. I understand that email communication is not a secure method of communication but that any email communication from Coastal Orthopaedics which contains sensitive information will be flagged confidential.

Patient Name:

Patient signature:

Date:

DR OMAR KHORSHID

- Hip & Knee Replacement
- Arthroscopic Knee Surgery

DR TOBY LEYS

- Sports Knee Surgery
- Hip & Knee Replacement

DR MATTHEW SCADDAN

- Foot & Ankle Surgery
- Knee Surgery

DR PAUL KHOO

- Shoulder & Knee Surgery
- Workers Compensation
- Sports Injuries

DR BRENDAN RICCIARDO

- Shoulder, Hip & Knee Surgery
- Sports & Reconstruction Surgery

DR ANDREJ NIKOLOSKI

- Foot & Ankle Surgery
- Knee Surgery

DR PETER D'ALESSANDRO

- Shoulder & Knee Reconstruction
- Hip Arthroscopy
- Surgery for Athletes