



Kenneth Cutbush  
Shoulder Clinic

## PRIVACY CONSENT

Every Health Professional, including General Practitioners, Medical Specialists and Allied Health Professionals is legally and ethically obliged to treat your health information as confidential. All practices must have a Privacy Policy in place to be compliant with the Privacy Act 1988.

This Privacy Policy sets out how and why Dr Cutbush collects, stores, uses and discloses your personal information, and how to contact us if you have any questions about how your personal information is handled or if you would like to access or correct the personal information we hold about you.

The services provided by Dr Cutbush include:

1. Orthopaedic Specialist Services
2. Healthcare Services
3. Research

**Dr Cutbush's primary concern is the delivery of quality healthcare services** which requires a doctor-patient relationship based on trust and confidentiality. Dr Cutbush values the importance of managing your personal information and places high regard on the confidentiality of your personal information. It is necessary to collect personal information from you to provide adequate healthcare services.

**Dr Cutbush collects personal information such as** identifying and contact information (name, gender, date of birth, age, email address and phone number(s); health history (including family history); information about your activities; including lifestyle interests; your ethnic background and finally any sensitive information, including information about your general health.

**Dr Cutbush collects your personal information directly** from you when you register with us and as part of the consultation process. There may also be an occasion when you provide your personal information to us by email or in a hard copy medical, healthcare file. Information will also be collected from third parties, including relatives and other health service providers in these circumstances; from family members, legal guardian/s and/or a person you have authorised to provide your personal information to us. In these circumstances, this is because it is not reasonable or practicable to collect your personal information directly from you. In those cases, we have taken reasonable steps to ensure that the third parties have obtained your consent to disclose your personal information to us. In the event your health is potentially at risk and your personal information is needed to provide emergency medical treatment.

**Dr Cutbush collects and uses your personal information for** administrative purposes in running his medical practice, billing purposes, including compliance with Medicare and Health Insurance Commission requirements, disclosure to others involved in



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Orthopaedic Surgeon

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## Kenneth Cutbush

S h o u l d e r   C l i n i c

your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports of results returned to us following the referrals and disclosure for research (on a de-identified basis) and quality assurance activities to improve individual and community health care and practice management.

**Dr Cutbush discloses your personal information to** Insurers, product device and medical representative organisations; professional associations or registration bodies that have a proper interest in the disclosure of your personal and sensitive information; a worker's compensation body in Australia; contractors and suppliers, a parent, guardian, holder of an enduring power of attorney (or similar authority) or next of kin whom we may contact in any case in which consent is required or notification is to be given and where it is not practicable to obtain it from or give it directly to you; and any parties to whom we are authorised or required by law to disclose information.

**Dr Cutbush only uses your personal information** for the purpose(s) that you have provided the information for unless one of the following applies:

- You have consented for Dr Cutbush to use your information for an alternative or additional purpose;
- The disclosure of your information by Dr Cutbush is reasonably necessary for the enforcement of criminal law or a law imposing a penalty or sanction, or for the protection of public revenue;
- The disclosure of your information by Dr Cutbush will prevent or lessen a serious and imminent threat to somebody's life or health; or
- Dr Cutbush is required or authorised by law to disclose your information for another purpose.

More generally, Dr Cutbush might disclose your personal information to:

- Third party service providers engaged by Dr Cutbush to assist us with conducting our business activities such as IT services, management of our promotions, website hosting, marketing, research including analytics services, and secure payment services;
- Business partners associated with the provision of our healthcare services;
- Entities such as government bodies, regulators, law enforcement agencies and other parties where authorised or required by law, and other parties to which we are legally required to disclose your personal information; and
- Parties identified at the time of collecting your personal information or as otherwise authorised by you from time to time.
- Third parties involved in research with Dr Cutbush.

**To ensure the data quality and security of your personal information**, Dr Cutbush will take reasonable steps to ensure that your personal information which we collect, use or disclose is accurate, complete and up-to-date. Dr Cutbush will take reasonable steps to protect your personal information from misuse, interference and loss and from unauthorised access, modification or disclosure.

**You have a right have access** to your personal information held about you, and you can also request that we correct that personal information if it is inaccurate or out of date. Dr Cutbush will allow you to have access to your personal information or will make the requested change/s unless there is a reason under law to refuse access or refuse to make the requested change/s. Where these reasons to refuse access exist, we will advise you of those reasons at the time you make your request.

If you request that your personal information is changed, and if Dr Cutbush does not agree to change your personal information, we will enclose your statement of the requested changes with your personal information. If you would like to obtain access to or request changes to your personal information you can ask our Privacy Officer (details below).

We will respond to your request within a reasonable time after your request is received. Dr Cutbush can charge a reasonable fee for the time and cost of collating, preparing, and photocopying material for you if you request access to your personal information. If you have questions about this Privacy Policy, or if Dr Cutbush does not agree to provide you with access to your personal



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information; or if you have a complaint about our information handling practices, you can contact our Privacy Officer on the details below. In particular, if you wish to make a complaint about how we have handled your personal information, you should forward a written complaint to our Privacy Officer. We will respond in writing within 30 days of receipt of a complaint.

If you are not satisfied with our decision, you can contact us to discuss your concerns. If the complaint remains unresolved, you have the option of notifying the Office of the Australian Information Commissioner (OAIC). Contact details can be found at OAIC's website: [www.oaic.gov.au](http://www.oaic.gov.au)

You can contact us by:

- By letter: Privacy Officer, Dr Ken Cutbush, Brisbane Hand & Upper Limb Clinic, Brisbane Private
- By email: [manager@kennethcutbush.com](mailto:manager@kennethcutbush.com)
- By telephone: 07 3834 6797

**By signing this Consent Form, you agree to us making your personal information available to other healthcare providers or Third Parties. In the event of an emergency, we may permit health care professionals and/or organisations to access your information in accordance with Privacy Laws including where it is necessary to prevent or lessen a serious threat to life, health and safety, which includes the circumstances if you are physically or legally incapable of providing consent.**

- I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a Privacy Policy on handing patient information.
- I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.
- I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.
- I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained.
- I consent to my clinical details, x-rays, MRI scans, CT scans, clinical photos and clinical videos, intraoperative videos and images and/or any other investigations to be used by this practice for research, education, scientific presentations or preparation of papers that may be published or for discussion with colleagues or for use on the work website in deidentified form.
- I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Patient Full Name: \_\_\_\_\_  
(please print)

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(please print)  
Parent/Guardian/Carer/Authorised Representative

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian/Carer/Authorised Representative

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