

Practice Details

Practice Name

Address

Phone Fax

Email

Medlab Online Results Username (if exists)

Doctor Details

First Name Last Name

Provider No. Mobile

Email

If you have multiple provider numbers, please list below:

Location Address	Phone	Fax	Provider Number

Declaration

By ticking this box and signing this document, I acknowledge and understand that:

- 1) I will be granted access to confidential, personal and health information of patients for the sole purpose of viewing patients results;
- 2) the importance of ensuring this information is kept confidential at all times;
- 3) the information is not misused in any way;
- 4) I, as a medical practitioner, have obligations under the Privacy Act 1988 (Cth) that I must adhere to regarding the handling, use and disclosure of the information; and
- 5) I must not under any circumstances disclose to any other person any part of the information.

I also hereby declare and accept full responsibility for maintaining at all times the confidentiality of the patient information supplied to me by Medlab Pathology. I will only share a patient's confidential information provided to me with other health professionals assisting in the patient's ongoing care where considered absolutely necessary. I understand that, and authorise that this account may be regularly monitored and audited for evidence to ensure it is not being misused or used for personal use. In any such occurrences of misuse, I understand that the account will be immediately suspended and the relevant Commissioner, the patient and all other related regulatory bodies will be notified of any breaches of privacy committed by me or anyone else.

Signature

Practice Principal Doctor Authorisation

Full Name Provider No.

Mobile

Signature Date

Please email the completed form to support@medlab.com.au