

## Patient Disclosure and Consent Form

Purple Tree therapies understands the importance of protecting your personal information. All personal and medical information provided to the clinic, either in writing or verbally will be protected under the *Privacy Act Qld 2009*. Information will be used and/or disclosed in accordance with legislation.

This document aims to outline how personal, health and medical information will be collected and used; to gain written consent to treatment from you as a patient in accordance with the *Civil Liability Act QLD 2003*.

*Your health information will be used in the following way:*

- To provide optimal and effective individualised treatment options and will inform relevant diagnostic testing and analysis.
- When communication with other health providers is required.
- Details from your case may be shared to provide evidence for research and/or training purposes. Any identifiable information will be removed.

Patient disclosure is also required for Naturopathic Practitioners to deliver treatment in a safe and optimal manner. Knowingly withholding information may delay effective treatment or have serious adverse health consequences.

By signing the declaration of this Patient Disclosure and Consent Form, you have agreed that you have given your informed consent to the collection, use and potential disclosure of your personal information as detailed in the form.

### *Privacy, Disclosure and Consent Declaration*

I (full name) \_\_\_\_\_ acknowledge that I have read and understood the this document including the conditions of the laid out by Purple Tree Therapies. I consent to a consultation with a Naturopath with regards to my health care. I understand the importance of disclosing medications, diagnosed conditions and known allergies or adverse reactions to my practitioner. I agree that this information will be truthfully disclosed to the best of my ability.

I understand that all information given in written and or verbal form is strictly private and confidential and will be disclosed only as per the reasons specified.

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Patient Name

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Patient Signature

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Date