

## **Privacy Policy**

We value your privacy highly and all details concerning your care are carefully protected. We acknowledge that you may request to see or have copies of your records, and will usually be happy to provide this for you except if there are valid reasons not to do so. It may also be necessary to share clinical information, whether it be written, spoken, or in electronic format (documents or images) with other healthcare professionals or Institutions, and may request information from them when that information will be directly used to enhance the quality of your care.

** Strike out as appropriate: I authorise / DO NOT authorise the sharing of clinical information and gathering information from other professional and hospitals also involved in your case:
Signed
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Ordinarily, we do NOT release clinical information or results to next of kin, partners or spouses
without your permission.
** Strike out as appropriate:
I authorize / DO NOT authorize release of information and results to my next of kin / spouse/ partner
Signed