medartis®

Patient Declaration of Consent

(we, us, our, Medartis)	Medartis Australia & New Zealand Pty Ltd (ACN 124 867 090) Address: 64 Brookes Street, Fortitude Valley, Queensland 4006, Australia Email: dataprotection@medartis.com Phone: +61 1300 858 853
Name of Patient (you, your)	
Where applicable, name of legal representative or guardian (Authorised Representative)	
Treating Institution	Address: Email: Phone:

Medartis processes Patient Data on behalf of the Treating Institution for the purpose of enabling the Treating Institution to provide efficient health services to you (Purpose). We agree to comply with all applicable legal and regulatory requirements, including the Privacy Act 1988 (Cth).

This informed consent form (Form) is provided to you to confirm your consent for Medartis to receive and process your Patient Data in accordance with the Purpose.

Where the Patient is a minor, or is otherwise unable to complete this Form, an authorised representative such as a parent or legal guardian of the Patient may sign this Form on behalf of the Patient (Authorised Representative) and, in such cases you will mean the Authorised Representative. You warrant and agree that, if you are completing and signing this Form on behalf of the Patient, that you have the required authority to do so.

By signing this Form, you consent and grant permission for us to receive and process information about the Patient, as received by us from the Treating Institution, in accordance with the Purpose.

You understand that you can revoke your consent at any time by sending us an email to dataprotection@medartis.com.

If you have a specific request on how your information will be processed or stored, you understand that you can notify us by email.

You acknowledge and agree that all information provided by you about yourself or the Patient will be dealt with according to our Privacy Policy https://www.medartis.com/cmx/pp-en. This Form does not cover any information we are allowed, required or permitted to disclose under applicable laws, orders, judgments, regulations, guidelines and

any requirements or directions given by any government or similar authority with the power to bind or impose obligations.

By signing this Form, you consent to the release of your personal information to us. You understand that any information released includes information which is personal and/or sensitive information as those terms are defined under the Privacy Act 1988 (Cth).

Signature of Patient: _____

Name: _____

Date: _____

Signed for and on behalf of the Patient by their Authorised Representative who warrants that they have the proper authority to do so:

Signature of Authorised Representative: _____

Name: _____

Date: _____