



Consent for HepLink Hepatitis C Telehealth Service to collect, use or disclose personal Health Information

Patient Details:

Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Purpose of Consent / Care

I, the patient named above, understand that HepLink may need to **collect, use or disclose my health information to provide safe, effective, and coordinated hepatitis C care**. This may include:

- Disclosing my health history, treatment plans, and pathology results with my registered health practitioner or other health service provider, and/or
- Using my personal information to request relevant information from my registered health practitioner or other health service provider
- Collecting my personal information from third parties including health providers and service providers.

Only the **minimum necessary information** will be shared. HepLink will handle my information in accordance with the Hepatitis Australia Privacy Policy, the **Privacy Act 1988 (Cth)**, the **Australian Privacy Principles**, and applicable state or territory health and privacy laws.

Please tick the relevant option(s):

1. Request from registered health practitioner or other health service provider – I consent for HepLink to request the following information from my GP:

- Pathology results relevant to my hepatitis C care
- Health history relevant to hepatitis C treatment
- Other (please specify) _____

2. Provide to registered health practitioner or other health service provider – I consent for HepLink to provide the following information to my GP:

- Health history relevant to hepatitis C treatment
 - Hepatitis C treatment plan
 - Pathology results collected by HepLink
 - Other (please specify) _____
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Consent Statement

I understand that:

- Providing this consent is **voluntary**. I may **withdraw consent at any time** by contacting HepLink. Withdrawal will **not affect my access to care or treatment, but may delay the process while new pathology results are obtained**.
- The information will be shared securely through authorised staff using **encrypted or secure messaging systems** and will remain confidential. Personal information will not be disclosed beyond what is already detailed in this consent agreement or our Privacy Policy.
- HepLink staff will only collect and use my personal information as detailed in this consent agreement **for the purpose of providing safe hepatitis C care**.

Patient Declaration:

I have read and understood the above information. I consent to the disclosure, use and collection of my information as indicated.

Patient Signature: _____ Date: ____ / ____ / ____

HepLink Staff Name: _____ Role: _____

For more information, Hepatitis Australia's Privacy Policy is available at ([Privacy policy - Hepatitis Australia](#)).