

## Granting Written Consent to iRAD

This healthcare site uses an information sharing system called, 'iRAD'. You have been given an information sheet that explains how the iRAD system works and how your medical and other information is collected, used and disclosed in the iRAD system. Before making your medical and other information held by this healthcare site available in the iRAD system, we ask for your consent.

*By giving your consent, you:*

- *Agree that you have received, read and understood the information sheet.*
- *Consent to the access, collection, use and disclosure of information from your medical record and other information collected at this practice about you as detailed in the information sheet.*
- *Consent to your information from your medical record and other information collected at this practice to be accessed through the iRAD system and other iRAD sites around Australia where you receive health care such as hospitals, doctors, and other health providers and consent to those parties disclosing health information about you to this practice as detailed in the information sheet.*
- *Understand that the iRAD system links the health information about you collected at this health care practice with health information about you collected at other participating iRAD sites, for the purpose of use of that information as part of your care or for research and analysis purposes.*
- *Consent to the providers of the iRAD system, including SWSPHN securely collecting, using and disclosing this information about you to provide the iRAD system.*
- *Understand that your consent and agreement to these statements has been recorded by this health care practice and a record of this consent will also be stored in the iRAD system.*
- *Consent to information regarding you (including your health information) being used and disclosed to improve the iRAD system or in healthcare related research, analytics or other similar projects, provided that any such information will be de-identified before any such research or analysis is made publicly available.*
- *Confirm that you understand the consent being requested and the consequences of providing the consent.*

Name

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Signature

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Date

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