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Happy Smiles for Kids – Privacy Consent Form

Our practice respects your right to privacy, and it has systems and processes in place to ensure it complies with the Australian Privacy Principles. This statement is a summary of the practice's privacy policy. The complete policy is available on request.

Our practice **Happy Smiles for Kids** (ABN 98 941 575 850) collects information about you for the purpose of providing health services to you. Our practice will follow these procedures:

1. Personal information such as your name, address, contact details, health insurance and financial details are used for the purpose of addressing accounts to you, processing payments, collecting unpaid invoices via an external collection agency, and writing to you about our services and any issues affecting your health care.
2. We may collect information about you from third parties, providing the collection of that information is necessary to provide you with health care.
3. We may disclose your health information to other healthcare professionals, or require it from them if, in our judgement, it is necessary in the context of your care.
4. If your health information is required or authorised by law, we are bound to disclose that information.
5. We may also use parts of your health information for research purposes, in study groups or at seminars; however, in such situations, your personal identity will not be disclosed without your consent.
6. If you choose not to provide us with information relevant to your care, we may not be able to provide a service to you, or the service we are asked to provide may not be appropriate for your needs. Importantly, if you do not provide information that may be relevant to your care or that is otherwise requested by us, you could suffer some harm or other adverse outcome.
7. Your medical history, treatment records, x-rays and any other material relevant to your care will be stored by the practice. The practice privacy policy sets out how you can access your records or seek correction of your records. If you request an explanation or written summary, our usual fees will apply to these services.
8. If you believe there has been a breach of privacy or have any queries or concerns about our handling of your health information, please do not hesitate to raise these concerns with our practice.

Please continue over the page >>

Disclosure of any information will not be made to any person not involved in either your treatment or the administration of this practice, without your prior written consent.

Please sign this form as confirmation that you have read and understood our privacy policy, and consent to the use of your health information in this way.

Signed: _____

Parent/Legal Guardian Name: _____

Name of Patient: _____

Date: _____

