

**Dr David A Clark**

MBBS FRACS FRCSEd

**General & Colorectal Surgery**

**Upper GI Endoscopy & Colonoscopy**

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**PATIENT CONFIDENTIALITY**

**Information and Consent**

In the interests of the highest quality and continuity of patients' health care, it is necessary for us to collect personal information from patients. This may involve giving or obtaining information to or from other health care providers who comprise a patient's medical team, e.g. pathology, radiology, hospital records, etc.

The provision of quality health care requires a doctor-patient relationship of trust and confidentiality. Consistent with our commitment to quality care, we have developed this consent form to protect patient confidentiality in compliance with privacy legislation.

I have read this Information and Consent Form and hereby give my consent.

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**Witness (please sign)**