HAND AND UPPER LIMB SURGEON

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Dr Steven Frederiksen

CONSENT FOR DISCLOSURE .

Patient Name: _____ DOB: _____

I consent to the following:

- Receipt of text messages from this practice to the nominated mobile number.
- Receipt of voicemail messages from this practice on the nominated landline and/or mobile number.
- Clinical images to be used for purposes including clinical discussion, training and education.
- Electronic transmission of information regarding my appointments and/ or condition between this practice and myself, or to other healthcare providers, allied health/rehabilitation providers.
- Discussion regarding my appointments and/ or condition with the people listed below:

  Name: …… Relationship: ……

  Name: …… Relationship: ……
- This practice communicating with WorkCover Queensland and its relevant agents, other relevant insurers, employers and allied health/rehabilitation providers regarding my medical history and treatment relevant to this claim.
- This practice using Lyrebird Health AI Medical Scribe.

I acknowledge that I am responsible for notifying this practice of any changes to the above.

_____ _____
Signature of Patient/Parent/Guardian/Other Specify Other [PLEASE PRINT]

Date: _____