

fluvaccine-in-workplace.com.au

GCNP Privacy Policy

GCNP collects your personal and health information on the consent form to provide vaccination services to you. The information may be collected directly by GCNP, or by medical personnel who provide services on our behalf. It is collected for the purposes of administering our vaccination program including: to assess your suitability to be vaccinated, to arrange an appointment with you and to maintain a record of your vaccination date. If GCNP collects the information directly from you we may disclose it to medical personnel who provide the vaccinations. We may otherwise use or disclose your personal and health information as required or authorised by or under law. If you do not provide the information requested on this form we **may not be able to provide our services to you.**

For more information about our privacy practices, please see our privacy policy <http://www.gcnp.com.au>. If you have any questions about the way in which GCNP handles your personal and health information, or if you wish to request access to the information which we hold about you, please contact GCNP on 0409097890.

The information on this Influenza Immunisation Consent Form is collected according to guidelines developed by the Australian Technical Advisory Group on Immunisation (ATAGI) and endorsed by the National Health and Medical Research Council (NHMRC).

By signing this Consent form:

- 1) You consent to receiving the treatment contemplated by this Consent form from GCNP subject to the terms set out in the Consent form;
- 2) You acknowledge that you do not have an acute febrile illness, which is defined as having a temperature greater than 38.5°C.
- 3) You acknowledge that you have not received an allogeneic or autologous haematopoietic stem cell transplant within the previous 6 months.
- 4) You acknowledge that you are not allergic to and have never experienced anaphylactic hypersensitivity to a vaccine; to eggs; to chicken; nor to the antibiotics neomycin, gentamicin, polymyxin or thiomersal;
- 5) You acknowledge that you do not have a history of Guillain-Barré Syndrome.
- 6) You acknowledge that you are not taking warfarin or that you are taking warfarin and your most recent INR readings have been stable.
- 7) You acknowledge that you are solely responsible for ensuring that all information given to GCNP on this Consent form is true and correct.
- 8) You authorise GCNP and medical/nursing personnel acting on behalf of GCNP to collect your personal and health information on this form for the purposes set out above.
- 9) You acknowledge that the treatment contemplated by this Consent form is not risk free and that in some cases the treatment may lead to an adverse physical reaction.
- 10) To the extent permitted by law:
 - a. You acknowledge that GCNP makes no warranty as to the effectiveness or suitability of any treatment it provides as contemplated by this Consent form.
 - b. GCNP accepts no responsibility for any liability, loss or risk, personal or otherwise, which may be incurred as a consequence of any treatment it provides as contemplated by this Consent form.
- 11) You agree to release and discharge GCNP from any and all loss and liability suffered or incurred by GCNP arising in connection with your death, disability or personal injury arising from any application of treatment by GCNP as contemplated by this Consent form except to the extent that such loss or liability directly or indirectly arises as a result of the negligence of GCNP, its employees, agents or contractors.
- 12) You agree to contact your physician immediately should you experience any adverse reactions to the vaccine. If you experience an urgent condition you should contact your local emergency services immediately.
- 13) In the event that you have any concerns relating to the treatment contemplated by this Consent form, we strongly advise that you seek medical advice prior to proceeding with the treatment.