

Patient Consent Form: National Lung Cancer Screening Program

Consent to Collect, Use, and Share Personal and Medical Information

Lungscreen Australia complies with the *Privacy Act 1988* and is committed to protecting your privacy. This form allows us to collect and share relevant health information to support your care.

What You Consent To

By submitting this form, you consent to Lungscreen Australia:

- Collecting your personal and medical information, including radiology images.
- Storing and using this information to support your lung health assessment and care.
- Sharing relevant data with your healthcare providers, including:
 - Radiology clinics
 - Specialists
 - Hospitals
 - General Practitioners (GPs)
 - Multidisciplinary team (MDT) meetings

This is done to ensure you receive the best possible care.

Patient Declaration

I have read and understood this consent form. I agree to the collection, use, and sharing of my personal and medical information by Lungscreen Australia as outlined above.

Full Name: _____ Date of Birth: ____ / ____ / ____

Email Address: _____ Phone number: _____

Signature: _____ Date: _____

Your Privacy Rights - under the *Privacy Act 1988*, you have the right to:

- Know how your information is used.
- Access and correct your personal information.
- Withdraw your consent at any time (noting this may impact your care)
- Your data is stored securely and only shared with those involved in your care.

For more information, please refer to Lungscreen Australia's Privacy Policy located at: Lungscreen.com