Dear Medical Board,

Over the last few weeks I have been in touch with my insurer **constant** to assist in clarifying the following written advice that I received from My Health Record (MHR) that:

"it would be good practice to confirm permission is granted from patients, *who are are already registered with My Health Record*, at each and every time <u>BEFORE uploading their</u> <u>data to My Health Record</u>"

For many reasons (listed below***) I realised that this was a most inappropriate, unnecessary and an unattainable request from My Health Record, but surprisingly the initial advice I received from was that they concurred with that advice. I have just asked to reconsider their advice in light of the further information (***below) I provided them.

My request to you is to ask if you would consider openly reviewing this isssue because you have raised the matter of updating the understanding of "Good Practice". (in Update: Medical Board newsletter - June 2018) In fact, I think it would be most inappropriate that MHR even attempted to recommend complying with what they consider is "Good Practice", as the are not qualifued to do so.

Ttrust you will considr my request.

Yours faithfully,

Dr C. Dassos

***I think this onus on doctors is inapropriate seeing that:

A) the patient has already given unrestricted permission. The doctor is merely abiding by their request which they can remove at any time.

B) the patient already has the right and the opportunity to exercise removal of that permission at any time in or out of the consultation on their own accord ,

C) to question the uploading process in a consultation can also be interpreted by the patient as questioning the validity of the already provided permission, which it does. Furthermore, to act differently to the patient's written permission would place the doctor in breach of the patent's existing written advice unless "another written form" is then created at the time". Really, do we have time to do this!

The advice is unfair because:

D) the extra time added to a consultation would adversely impact the time set aside for clinical interaction with the patient.

E) as the process of uploading clinical data in a practice may be done out of the consultation time to maintain practice efficiency, the patient would not present at the time of uploading; hence complying with MHR advice not possible at that time.