

## **Patient Registration Details**

*Please read this form front and back, and fill out carefully, then sign below*

Title: Ms/ Miss / Mrs / Mr /Dr

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Medicare No:  Ref:  Expiry: \_\_\_\_/\_\_\_\_

Private Fund: \_\_\_\_\_

Membership No: \_\_\_\_\_

Pension/Health Care Card No: \_\_\_\_\_

DVA No: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Referring Doctor Address: \_\_\_\_\_

Usual Doctor: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Known allergies: \_\_\_\_\_

**Patient Signature and Date:** \_\_\_\_\_

## PRIVACY STATEMENT AND FEES

### Your Privacy is Our Business

The provision of quality health care is our principal concern. It requires a doctor-patient relationship of trust and confidentiality and we will only collect this information with patient consent. A patient's personal information is handled in accordance with this practice's privacy policy and consistent with the privacy legislation. Patients are entitled to know what personal information is held about them; and under what circumstances it might be disclosed; when consent is required for these purposes; and how it is stored. Every effort will be made to discuss these matters with patients at the time personal health information is collected from patients attending this practice. Because there will be occasions when it is not practicable to make patients aware of these matters at a time of collection, this page is designed to outline how this practice endeavours to protect the privacy of patients' personal health information.

### Collection, Use and Disclosure of Your Information

Information about a patient's medical and family health history is needed to provide accurate medical diagnosis and appropriate treatment. We will be fair in the way we collect information about our patients. This information is generally collected from the patient, and otherwise with the patient's consent. However, from time to time we may receive patient information from others. When this occurs we will, wherever possible, make sure the patient knows we have received this information. Medical care requires full knowledge of patient health information by all members of the medical team. To ensure quality and continuity of patient care, a patient's health information has to be shared with other health care providers from time to time. Some information about patients is also provided to Medicare, and private health funds if relevant, for billing and medical rebate purposes. There are also circumstances where a medical practitioner is legally bound to disclose personal information. An example of this is the mandatory reporting of communicable diseases. It is necessary for us to keep patient's information after their last attendance at this practice for as long as is required by law or is prudent having regard to administrative requirements.

### Access

A patient has a right to access to their information. They may ask to view information or ask for a copy of part or of the whole record. While it is not required to give reasons for their request, a patient may be asked to give reasons for their request, a patient may be asked to clarify the scope of the request. There are some circumstances in which access may be denied but in such an event, the patient will be advised of the reason. A charge may be payable where the practice incurs costs in providing access. This will depend on the nature of the access. The material over which the doctor has copyright may be subject to conditions that prevent further copying or publication without the doctor's permission. If a patient finds that information held on them is not accurate or complete, the patient may have that information amended accordingly. Upon request a patient's health information held by this practice will be made available to another health service provider.

### Complaints

It is important to us that your expectations about the way in which we handle your information are the same as ours. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your doctor. If you are still dissatisfied you can complain to the Federal Privacy Commission whose contact details are:

Level 3 Piccadilly Tower, 133 Castlereagh Street, SYDNEY NSW 200, GPO Box 5218, SYDNEY NSW 1042

### Fees:

Fees are *usually* above the Medicare rebate and a gap payment may be required:

Initial Consult: \$ 80 gap

Review Consult: \$ 30 gap

Procedures: do not incur a gap payment

Please discuss fees with the doctor or the reception staff if you have any questions or concerns