

# Patient Information Details

Title: Mr Mrs Ms Miss Dr	Surname:
First names:	Preferred name:
Date of birth:	Gender: Male / Female
Address:	
Suburb:	Postcode:
Mobile phone:	Landline:
Email address:	
Emergency contact:	
Relationship:	Contact number:
Is this person authorised to take messages? Yes / No	
GP name:	GP practice:
Practice address:	
Medicare number:	Number next to name:
DVA number (if applicable):	Card colour: Gold / White / Orange
Private health insurance: Yes / No	Level: Basic / Bronze / Silver / Gold
Name of fund	Fund number
How did you choose this clinic? Doctor referral / Internet / Website / Word of mouth / Other	

Payment is appreciated on day of consultation. EFTPOS facilities are available.

For information regarding billing arrangements for associated services from allied health practitioners such as pathology and radiology, these details should be sought directly from the health provider providing the service. Please discuss any queries concerning financial arrangements with Rukshen.

By signing below you acknowledge that you have received the current informed financial disclosure for this financial year. A current version can be made available upon request at any time.

### **Privacy in our medical practice**

The doctor-patient relationship is central to medicine. Patient privacy is absolutely critical to such a relationship. The Privacy Act 1988 and its recent amendments formalise the already existing and acknowledged privacy obligations of our practice.

Our doctor and team collect information from patients primarily to provide proper care and treatment. We have a legal and ethical duty to protect patient information. Patient information may have to be disclosed to other doctors, nurses, therapists and medical technicians so that proper health care is not compromised.

The doctor in this practice is a member of various medical and professional bodies including medical defence organisations. These organisations provide valuable services to their members. They require members to provide information in relation to their medical practice, which may include patient information. Our medical defence organisation is Avant Mutual. Patients who wish to look at their information held by this practice or who may have queries about privacy of information are welcome to discuss these matters with their treating doctors.

You can assist in maintaining the accuracy of your information by advising the practice of changes to your personal contact details.

I \_\_\_\_\_ certify that the patient information details are correct and consent to the privacy agreement above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_