

PATIENT CONSENT & REGISTRATION FORM

WONTHAGGI MEDICAL GROUP

42 Murray Street, Wonthaggi VIC 3995
 25 A'Beckett Street, Inverloch VIC 3996
 Shop 5, 8 -10 Forrest Avenue, Newhaven VIC 3925

Your doctor is committed to providing you with the best care. To do this it is essential that your health record is kept up to date and accurate.

Thank you for your cooperation and please return your fully completed form to reception.

PART A: Patient Details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
Surname:					
First Name:			Middle Name:		
Preferred Name:				Date of Birth:	/ /
Country of Birth:			Ethnicity:		
Birth Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Gender Identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, please specify:				
Street Address:					
Postal Address: (if different to street address)					

Home Phone:		Work Phone:		Mobile Phone:	
Email:					
Occupation					
Australian Medicare:	<i>Number:</i>		<i>Ref:</i>	<i>Expiry Date:</i>	
My Medicare Registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	My Medicare - Registered With:			
Name of Health Fund: (For Hospital)				<i>Member Number:</i>	
Are you Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Other, please specify:
DVA: <input type="checkbox"/> Gold <input type="checkbox"/> White	<i>Number:</i>			<i>Expiry Date:</i>	
Pension / HCC Number:				<i>Expiry Date:</i>	
Next of Kin: Name, Relationship, Address, Phone	<i>Name:</i>		<i>Relationship:</i>		
	<i>Address:</i>		<i>Phone Number:</i>		
Emergency contact If different to Next of Kin	<i>Name:</i>		<i>Relationship:</i>		
	<i>Address:</i>		<i>Phone Number:</i>		

PATIENT REGISTRATION FORM

Please complete if signing as a parent/guardian

Parent/Guardian Name:			
Parent/Guardian DOB:	/ /		
Australian Medicare:	<i>Number:</i>	<i>Ref No.</i>	

Do you consent to us communicating with you via SMS on your doctor's behalf? Yes ☐ No ☐

Do you consent to receive news, information about services, promotions and offers from us (and our third-party partners) and consent to your personal or sensitive information being used for this purpose? You may unsubscribe from these communications at any time Yes ☐ No ☐

Do you consent to your doctor using Lyrebird or Heidi, artificial intelligence programs, to record and summarise your appointment and store the transcript in your internal medial record? Yes ☐ No ☐

These notes will be reviewed by your doctor to ensure they accurately reflect your appointment, before they are relied upon to provide medical/health advice. A copy of both Lyrebird and Heidi's's privacy policies are available from reception.

Signature: _____

Date: ____/____/____

PART B: Your privacy and medical records

1. In accordance with section 6(1) of the *Privacy Act 1988* (Cth) (**Privacy Act**), all information collected in this practice is treated as 'sensitive information'. To protect your privacy, Einflug Pty. Ltd. (ACN 005 098 091) as trustee for the Wonthaggi Business Service Trust (ABN 62 417 203 704) trading as Wonthaggi Medical Group ("**Wonthaggi Medical Group**") operates in accordance with the Privacy Act and its Privacy Policy. A copy of our Privacy Policy is available free of charge from reception or on our website at <https://www.wonthaggimedical.com.au/>.
2. Your doctor uses the information you provide to manage your health care, which may include using the information for the following purposes (including instructing Wonthaggi Medical Group to use the information for the following purposes on your doctor's behalf):
 - a. Collecting, recording and storing your personal and health information that will form part of an individual computerised medical record.
 - b. Issuing reminders for specific health checks that you may require, if any, as part of your consultation with your doctor and/or nurse.
 - c. Providing you with health information updates, general medical updates and provide your personal and health information to the relevant state and/or national recall reminder registers.
 - d. Using your personal and health information to undertake, however not limited to; administrative tasks involved in the running of Wonthaggi Medical Group, and for your doctor, billing tasks which includes compliance with Medicare, Health Insurance Commission and other relevant Government agency requirements.
3. You can assist in maintaining the accuracy of your information by advising your doctor or reception of changes in your contact details.
4. Selected information may be disclosed to various other health care providers involved in supporting your health care management (e.g. pathology and imaging providers, hospitals or other specialists). You hereby acknowledge and consent to the disclosure and/or use of your personal health information by Wonthaggi Medical Group, your doctor and persons directly or indirectly involved in your personal health care or medical treatment for that purpose, including:
 - a. Sending specimens obtained from you to the necessary pathology provider for analysis. As a result, you understand that you may incur an out-of-pocket expense, by which a separate invoice will be issued by the relevant pathology provider. You understand that you will be liable for all expenses incurred.

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- b. Disclosing your personal and health information to the relevant medical and allied health service providers involved in your care.
 - c. Disclosing de-identified personal and health information for research and quality assurance purposes undertaken by your doctor to improve the quality of both individual and community health care needs and medical practice management. Wonthaggi Medical Group will inform you when such activities are being conducted and give you the opportunity to 'opt-out' of any involvement at any time.
 - d. Using your personal and health information by your doctor and other authorised individuals involved in your medical care and treatment, both directly and indirectly.
 - e. Disclosing for legal related purposes as requested and required by a court or other regulatory body.
 - f. For medical training/teaching purposes where de-identified information is disclosed to medical students and staff.
 - g. For disease notification as required by the law.
5. You are not obliged to provide information requested of you, however your failure to do so may compromise the quality of care provided to you by your doctor.
6. You understand your right to access both your personal and health information held by Wonthaggi Medical Group, except in circumstances where access is legitimately withheld. If your personal and health information is to be used for any other purpose, other than what is set above, your further consent will be obtained.
7. You understand it is your responsibility to inform Wonthaggi Medical Group at the earliest of any changes to your personal and health information. If any information held about you is inaccurate, you may request to have this altered accordingly.

Appointments and Fees

8. You understand there may be additional charges incurred beyond the standard consultation fee if any additional tests and/or procedures are required.
9. You understand your doctor requires payment on the day for services they provided. Failure to make payment on the day and before close of business may incur an additional administration fee as set by your doctor for the time and resources taken to recover full payment.
10. You understand a non-attendance fee as set by your doctor will be applicable for any missed appointments.
11. You understand a late cancellation fee as set by your doctor will be applicable for any appointments cancelled with less than 2 (two) hours of notice.
12. Private phone consultations are eligible for a Medicare rebate where the patient has seen a doctor face to face within 12 months of the date of the phone consultation.
13. If you are experiencing financial hardship, you will notify the Practice Manager in writing prior to your appointment so that an appropriate payment plan can be devised and agreed to between you and your doctor.
14. Please refer to our website for current fees and charges at <https://www.wonthaggimedical.com.au/medical-fees-charges-wonthaggi>.
15. If you have any questions or concerns about any of the information on this form, you will request to speak to the Practice Manager or notify the Practice Manager in writing.

You hereby acknowledge and consent to the disclosure and/or use of your personal health information by Wonthaggi Medical Group on your doctor's behalf and persons directly or indirectly involved in your personal health care or medical treatment for the purposes set out above.

If you have any questions regarding the management of your personal health information or need to arrange access to your records, please ask reception or your doctor, as appropriate.

PATIENT REGISTRATION FORM

By signing this form, you confirm that you have read, understood the appointment and fee information and consent to the use of your personal and health information as stated above.

Patient Name: _____

Date of Birth: ____/____/____

Signed: _____

Date: ____/____/____

If you do not wish for this to occur, please advise reception or your doctor.

Privacy Collection Statement

Wonthaggi Medical Group collects your personal information for purposes related to (or in the case of sensitive information, directly related to) our functions or activities, including facilitating the delivery of health services to you from your health doctor, informing you of services which may be relevant to you and to communicate with you on behalf of your health doctor. We may not be able to facilitate the delivery of health services from your health doctor to you if you do not provide this information. Your personal information may be disclosed to our related bodies corporate, health doctor, and third-party services providers. Your personal information is kept private and secure, as required by federal and state privacy laws.

Please refer to our Privacy Policy, available on our website at <https://www.wonthaggimedical.com.au/> for full details of how we handle your personal information, including how you may access and seek correction of your personal information, complain about a privacy breach, and how we will deal with that complaint.

Thank you for your cooperation and please return your completed form to reception.