

PLEASE USE BLACK PEN

Mr Simon Smith
Orthopaedic Surgeon

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Surname _____ Title: _____
First Name _____ Preferred Name: _____
Street Address _____ Post code: _____
Email Address _____
Postal Address (if different to street) _____
Home phone _____ Wk: _____ Mob: _____
Date of Birth _____
Occupation: _____
Medicare Number _____ reference number next to your name: _____
Pension or Health Care Card Number _____ (not Seniors Card)
Dept Veterans' Affairs Card Number _____ Colour of DVA Card: _____
Private Health Insurance Fund name _____ Member Number: _____
(with Hospital cover)
GP name and GP Surgery details _____

Name of Next of kin _____ Relationship: _____
Next of Kin phone number _____
Patient / Guardian Signature _____ Date: _____

Overseas Resident:

Please provide details of your Private Health Insurer - Including Fund Name, Fund Address, Contact details and member number

Motor Vehicle Accident / Workers Compensation Details

Date of Injury _____ Claim No: _____
Employers Name _____
Employers Address _____
Insurance Co: _____
Insurance Co address _____
Solicitor Name _____
Solicitor Address _____ Ph: _____

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Privacy Act 1988 – Patient Consent to Collect and Disclose Information

The Privacy Act 1988 requires Medical Practitioners to obtain consent from their patients to collect, use and disclose that patient's personal information.

We will work cooperatively to meet all appropriate and reasonable requests for access to medical records in accordance with the Privacy Amendment (Private Sector) Act 2000. This Act applied to patients treated AFTER 21 December 2001. We seek at all times, to protect the confidentiality of patients' information.

COLLECTION

This means we will collect information that is necessary to properly advise and treat you. Such necessary information may include:

- Full medical history
- Family medical history
- Ethnicity
- Contact details
- Medicare/private health fund details
- Genetic information
- Billing/account details

The information will normally be collected directly from you. There may be occasions when we will need to obtain information from other sources, for example:

- Other medical practitioners, such as present and former family Doctors and other treating Specialists
- Other health care providers such as physiotherapists, occupational therapists, psychologists, pharmacists, dentists, nurses and:-
- Hospitals and Day Surgery units

Both our practice staff and the medical practitioners may participate in the collection of this information. In emergency situations we may need to collect personal information from relatives or other sources where we are unable to obtain your prior express consent.

USE AND DISCLOSURE

With your implied consent, the practice staff or Specialist may use and disclose your information for purposes such as:

- Referral to another medical practitioner or health care provider
- Sending of specimens, such as blood, tissue and/or urine samples for analysis
- Referral to Radiologists for medical imaging
- Referral to a hospital for treatment and/or advice
- Advice on treatment options
- The management of our practice
- Quality assurance, practice accreditation and complaint handling
- To meet our obligations of notification to our medical defence organisations and insurers
- To prevent or lessen a serious threat to an individual's life, health or safety
- Where legally required to do so, such as producing records to court, mandatory reporting of child abuse or the notification of diagnosis of certain communicable diseases
- Account Keeping and billing purposes
- In Workers Compensation cases, medical details will go to the employer and/or the Insurance Company

ACCESS

You are entitled to access your own health records at any time convenient to both yourself and the practice. Access can be denied where:

- To provide access would create a serious threat to life or health
- There is a legal impediment to access
- The access would unreasonably impact on the privacy of another
- Your request is frivolous
- The information related to anticipated or actual legal proceeding and you would not be entitled to access the information in those proceedings, and
- It is in the interest of national safety

We ask that, where possible your request be in writing, in advance, stating precisely what information required. If requested, be able to provide proof of identity. We may impose a charge for photocopying or for staff time involved in processing your request and patients will be notified in advance of an estimate of this cost. Where you dispute the accuracy of the information we have recorded you are entitled to correct that information. It is our practice policy that we will take all steps to record all of your corrections, and place them with your file, but will not erase the original record.

If you have any concerns over privacy of your information, please talk to Mr Simon Smith.

CONSENT

I provide my consent for Mr Simon Smith to collect, use and disclose my personal information as out lined above.

I understand that I am entitled to access my own health records except where access would be denied as outline above.

I understand that I may withdraw my consent as to the use and disclosure of my personal information (except when legal obligations must be met).

Patient Name: _____

Date: _____

Patient / Guardian Signature: _____