WESLEY ORTHOPAEDIC & SPORTS INJURY CLINIC

PATIENT INFORMATION / CONSENT / PRIVACY ACT

Surname: ____

Given Names: ______________________________ **Mr / Mrs / Miss / Ms**

Preferred Name: ______________________________

Address: ____

____

______________________________ **Postcode:** __________

Contacts: (H) ____________________ **(W)** ____________________

(Mob.) ____________________ **(Fax)** ____________________

(Email) ____

Date of Birth: _____ / _____ / _____

Occupation: ______________________________

Medicare No: ____________________ **Ref. No.** ______ **Exp. Date:** _____ / _____

DVA No: ____________________ **Exp. Date:** _____ / _____ / _____

Private Health Insurance: Yes / No

Name of Fund: ____

Membership No: ____________________

GP:______________________________**Location:**____________________

I CONSENT *to the Wesley Orthopaedic & Sports Injury Clinic Doctors and Staff releasing my health information in the event of being approached by my next of kin or nominated person/s e.g. confirm appointments, leave phone messages, check radiology / pathology results, relevant pre/post operation information etc.* ***Yes / No***

I CONSENT *to the Wesley Orthopaedic & Sports Injury Clinic Doctors and Staff contacting me on my nominated contact numbers using their Practice name* ***Yes / No***

Next of Kin: ____________________ **Relationship:** ____________________

Contact details: ____

OR

Nominated person/s ____________________ **Relationship:** ____________________

Contact details: ____

Please turn over ….

PRIVACY POLICY

CONSENT TO COLLECT & USE PERSONAL INFORMATION

The Wesley Orthopaedic and Sports Injury Clinic is committed to protecting the privacy and security of any personal information it obtains about individuals and recognizes that it must abide with the provisions of the *Privacy Act 1988.*

Information is called "personal health information" if it concerns your health, medical history, past or future medical care, and if someone reading it would be able to identify you.

The main purpose for us and others associated with your health care to collect and use personal information is:

- To provide you with the best possible health care and attend to your health needs;

- To inform other health care providers (general practitioners, physiotherapists, pathologists, radiologists, anesthetists, other specialists caring for you and hospital staff who comprise your medical team, of your treatment / advice provided to you by our Doctors;

- To collect data for research purposes. This information is used to improve our quality of care and treatment protocols. The data is kept in a secure manner and only staff involved in the research projects have access to it. Such specific research projects will require a separate patient consent and you may withdraw from the research program at any time. The information will be used in an unidentified form in any publication of research results and

- For administrative and billing purposes, including contacting you using the phone numbers provided by you and for billing purposes including compliance with Medicare and Health Insurance Commission requirements.

I have read the information above and understand the reasons why my information must be collected. I am also aware that the Wesley Orthopaedic and Sports Injury Clinic has a Privacy Policy on handling patient information.

I understand that I am not obliged to provide any information requested of me, but my failure to do so, might compromise the quality of the health care and treatment given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given a reasonable explanation in these circumstances.

I consent to the handling of my information by this Practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice <u>in writing.</u>

Patient / Parent / Guardian's Name: ____

Signed: ____ Date: _____ / _____ / _____

Signature of Staff Member: __________________________________ Date: _____ / _____ / _____