

NEW PATIENT INFORMATION FOR ONSLOW ROAD FAMILY PRACTICE

To be completed by NEW PATIENT or LEGAL Guardian.

Date of Commencement:

Please print, fill out and sign and return to ORFP via email (reception@ORFP.com.au) or in person at your first appointment. Nb: (this cannot be an electronic signature)

Title:..... Surname:..... First Name:.....

Preferred Name:..... Date of Birth:..... Age:.....

Birth Sex:..... Gender Identity: Preferred Pronouns:.....

Country of Birth:..... Religion:..... Occupation:.....

Do you identify as: Aboriginal Torres Strait Islander Both Neither

Address:.....

City/Suburb:..... Postcode:.....

Mobile: Home Phone:

Work Phone:..... Personal email:.....

Would you like to be contacted via SMS for appointment reminders, clinical reminders, clinical communications and to enable e-scripts: YES NO

Do you give permission for your medical information to be emailed to your personal email address, as required/when requested: YES NO

Medicare No:	Exp:...../.....	Ref:.....
Pension/Health Care Card:.....	Exp:...../.....	
Dept. of Veterans' Affairs:	Card colour:.....	Exp:...../.....

Do you have Private Health Insurance YES NO Name of Fund:..... No:.....

Payer of Accounts Details

Name:..... DOB: Relationship:

Address:..... Phone:.....

Next of Kin Details

Name:..... Relationship:

Address:..... Phone:.....

Emergency Contact Details

Name:..... Relationship:

Address:..... Phone:.....

PATIENT CONSENT TO COLLECT AND DISCLOSE INFORMATION

I provide my consent to the Onslow Road Family Practice to collect, use and disclose my personal information as per Privacy Agreement.

I provide my consent for results and reports to be sent to other health professionals to allow quality medical care e.g. specialists, pathologist.

I consent to my inclusion in a recall register to be advised of follow-up visits, medical updates and health information.

I understand that I am entitled to access my own health records except where access would be denied as per Privacy Agreement.

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).

I have records from a previous General Practice that I want transferred across for my new GP.

Patient Name/Guardian:..... Signed

Internal Use Witnessed:..... Date:

***Please refer to following page for continued information. Please note:
Electronic versions still require a wet signature.***

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.

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 and 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 healthcare providers, physiotherapists, occupational therapists, psychologist, pharmacists, dentists, nurses, hospitals and day surgery units and other medical practitioners, such as former GPs and specialists.

Both our practice staff and 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 consent the practice staff will use and disclose your information for purposes such as:

- Account keeping and billing purposes
- Referral to another medical practitioner or health care provider
- Referral to a hospital for treatment and/or advice
- Sending of specimens, such as sputum or tissue samples for analysis
- Quality assurance, practice accreditation and complaint handling
- To meet our obligations of notification or our medical defence organisation or 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 disease
- Advice on treatment options and the management of our practice

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 relates to anticipated or actual legal proceedings and you would not be entitled to access the information of those proceedings and in the interests of national security

We ask that where possible your request be in writing. We may impose a charge for photocopying and for staff time involved in processing your request. Where you dispute the accuracy of the information we have recorded, you are entitled to correct the information, it is our practice policy that we will take all steps to record all your corrections, and place them in your file but will not erase the original records.