

This medical information is important to provide you with the best quality care. This form complies with the RACGP *Standards for general practices*. This means your personal health information is kept private and secure, as required by federal and state privacy laws. If you have any concerns, please leave this document blank and discuss with your GP.

Please notify us promptly of any changes in your contact details. Accurate contact details help us identify, your medical records and allow us to contact you promptly about tests and results.

SECTION A: PERSONAL INFORMATION

Title:	Family Name:	Given Name/s:	
Date of Birth:		Gender:	Ethnicity:
Residential Address:		Suburb:	Post Code:
Postal Address:		Suburb:	Post Code:
Home:	Mobile:	Work:	
Email Address:			
Medicare Number:	Reference no: (The number next to your name)		Card Expiry Date:
Concession card:	Circle - Pension / HCC		Expiry date:
DVA Card Number:	Circle - Gold / White		White Card Conditions:
Health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Fund:	Membership Number:		
Occupation:	Marital status:		
NEXT OF KIN	EMERGENCY CONTACT (Same as Next of Kin <input type="checkbox"/>)		
Name:	Name:		
Relationship to Patient:	Relationship to Patient:		
Address:	Address:		
Phone Number:	Phone Number:		

Do you have an advanced health directive? Yes No

SECTION B: CULTURAL BACKGROUND

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander Origin?		
<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
Other cultural background (e.g. Mediterranean, Asian, Indian):		Country of Birth:
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify language:

SECTION C: ALLERGIES & MEDICINES

<i>List allergies and intolerances to Medications</i>	<i>Describe your reaction</i>	Mild	Moderate	Severe
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consume alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PREVIOUS MEDICAL HISTORY

DATE IF KNOWN

PREVIOUS MEDICAL SURGERIES

DATE IF KNOWN

SECTION D: CONSENT

We require your consent to collect personal information about you. Please read this information carefully and sign where indicated below.

This medical practice collects information from you for providing equality in health care. During the consultation, your doctor may ask your personal details and a full medical history, so we may properly access, diagnose, treat and be proactive in your health care needs. This means we may use the information you provide in the following ways:

- Administrative purposes in running our medical practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Disclosure to others involved in your healthcare, including treating Doctors and Specialists outside the medical practice. This may occur through referral to other Doctors, for pathology and x-ray, in the reports, or results returned to us following the referrals
- Disclosure to other Doctors in the practice, Locums, Registrars, or Medical students attached to the practice for patient care and teaching. Please let us know if you do not want your records assessed for these purposes, and we will note this on your record accordingly.
- Disclosure to a medical legal defence organisation if a medico-legal issue arises
- Pap Smear registry
- Australian Childhood Immunisation Register
- Family cancer register

I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a privacy policy on handling patient information

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

I am aware of my right to access information collected about me, except in some circumstances where access might be legitimately withheld. I understand that I will be given an explanation in those circumstances.

I understand that if my information is to be used for any other purposes other than those set out above, subject to any limitations, access, or disclosure, that I notify the practice.

Do you give us consent to allow us to either SMS or Email you as require?

Yes

No

Do you give us consent to allow us to invite you to subscribe to the Best Health App?

Yes

No

How did you hear about us? Please tick.

Facebook

Bulletin

Google

Other:

I understand that if I fail to attend any booked appointment without contacting the practice, I may be charged a cancellation fee. This will be required to be paid at the time of the next consultation.

Patient's Name: _____

DOB: ___ / ___ / ___

Signed: _____

Date: ___ / ___ / ___

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PRIVACY POLICY

Practices to have all patients sign this policy. The Practice must ensure that each patient reviews and signs the below policy. All practices must have a Privacy Policy in place to be compliant with the Privacy Act 1988. This policy needs to set out how and what type of personal and health information is collected, stored, accessed, and managed. This policy is tailored for patients.

Procedure Part A - Purpose and Context.

Rosslea Medical Centre is committed to ensure the privacy and confidentiality of all personal information affiliated with Rosslea Medical Centre business undertakings. Rosslea Medical Centre follows the terms and conditions of privacy and confidentiality in accordance to the Australian Privacy Principles (APPs) as per schedules 1 of the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth), forming part of the Privacy Act 1988 ('the Act'). The purpose of this Privacy Policy is to clearly communicate how Rosslea Medical Centre collects and manages personal information. The point of contact regarding any queries regarding this policy Phone 07 4758 0500 or Email practicemanager@rossleamedicalcentre.com.au

Part B- Australian Privacy Principles.

As a private sector health service provider and under permitted health situation, Rosslea Medical Centre is required to comply with the APPs as prescribed under the Act.

The Apps regulate how Rosslea Medical Centre may collect, use, disclose and store personal information and how individuals, including Rosslea Medical Centre patients may:

- i. Address breaches of the APPs by Rosslea Medical Centre,
- ii. Access their own personal information; and
- iii. Correct their own personal information.

In order to provide patients with adequate health care services, Rosslea Medical Centre will need to collect and use personal information. It is important to be aware that if the patient provides incomplete or inaccurate information or the patient withholds personal health information Rosslea Medical Centre may not be able to provide the patient with the services they are requesting.

In this Privacy Policy, common terms and definitions include:

"personal information" as defined by the Privacy Act 1988 (Cth). Meaning "information or an opinion including information or an opinion forming part of a database, whether true or not, and whether recorded in a material format or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion", and;

"health information" as defined by the Privacy Act 1988 (Cth). This is a particular subset of "personal information" and means:

- i. Information or opinion about the health or disability (at any time i.e. past, present or future) of an individual that can be classified as personal information;
- ii. Information or opinion about an individual expressed wishes about the future provision of health services that can be classified as personal information.
- iii. Information or opinion about health service provided, or to be provided to an individual, that can be classified as personal information.
- iv. Other personal information collected to provide, or in providing a health service.
- v. Other personal information about an individual collected in connection with the donation or intended donation, by the individual of his or her body parts, organs, or body substances or,
- vi. Genetic information about an individual in a form that is, or could be, predictive of the health of the individual or a genetic relative of the individual.

Personal information also includes "sensitive information" which is information including, but not limited to a patient's:

- i. Race
- ii. Religion
- iii. Political opinions
- iv. Sexual preferences and or
- v. Health information

Information deemed "sensitive information" attracts a higher privacy standard under the Act and is subject to additional mechanisms for the patient's protection.

Part C – Types of Personal Information

Rosslea Medical Centre collects information from each individual patient that is necessary to provide the patient with adequate health care service. This may include collecting information about a patient's health history, family history, ethnic background, or current lifestyle to assist the health care team in diagnosing and treating a patient's condition.

Part D – Collection & Retention

This information will in most circumstances be collected directly from the patient through but not limited to the following mediums:

- i. Health Care Service patient consent form
- ii. Medical treatment form and or
- iii. Face to face consultation

In other instances, Rosslea Medical Centre may need to collect personal information about a patient from a third-party source. This may include relatives or other health providers.

This will only be conducted if the patient has provided consent for Rosslea Medical Centre to collect his/her information from a third-party source; or where it is not reasonable or practical for Rosslea Medical Centre to collect this information directly from the patient This may include where the patient's health is potentially at risk and his/her personal information is needed to provide them with emergency medical treatment.

Part E – Purpose of Collection, Use & Disclosure

Rosslea Medical Centre only uses a patient's personal information for the purpose(s) they have provided the information for unless one of the following applies:

- i. The patient has consented for Rosslea Medical Centre to use his/her information for an alternative or additional purpose.
- ii. The disclosure of the patient's information by Rosslea Medical Centre is reasonably necessary for the enforcement of criminal law or a law imposing a penalty or sanction or for the protection of public revenue.
- iii. The disclosure of the patient's information by Rosslea Medical Centre will prevent or lessen a serious and imminent threat to somebody's life or health or
- iv. Rosslea Medical Centre is required or authorised by law to disclose a patient's information for another purpose.

Health Professionals to Provide Treatment

During the patient's treatment at Rosslea Medical Centre he/she may be referred to alternative medical treatment/services (i.e. pathology or radiology) where Rosslea Medical Centre staff may consult with senior medical experts when determining a patient's diagnosis or treatment.

Rosslea Medical Centre staff may also refer the patient to other health service providers for further treatment during and following the patient's admission. These services include, but are not limited to:

- i. Physiotherapy or
- ii. Outpatient or community health services.

These health professionals will be designated health service providers appointed to use the patient's health information as part of the process of providing treatment. Please note that this process will be conducted whilst maintaining the confidentiality and privacy of the patient's personal information.

Alternative Health Services

At any point a patient wishes to be treated by an alternative medical practitioner or health care service that requires access to his/her personal/health information Rosslea Medical Centre requires written authorisation. This authorisation is to state that the patient will be utilising alternative health services and that these health services have consented for a transfer of personal/health information.

Other Third Parties

Rosslea Medical Centre may provide the patient's personal information regarding a patient's treatment or condition to additional third parties. These third parties may include:

- i. Parent(s)
- ii. Child/ren
- iii. Other relatives
- iv. Close personal friends
- v. Guardians or
- vi. A person exercising a patient's power of attorney under an enduring power of attorney.

Where information is relevant or reasonable to be provided to third parties, written consent from the patient is required.

Additionally, the patient may at any time wish to disclose that no third parties as stated are to access or be informed about his/her personal information or circumstances.

Other Uses of Personal Information

In order to provide the best possible environment to treat patients, Rosslea Medical Centre may also use personal/health information where necessary for:

- i. Activities such as quality assurance processes, accreditation, audits, risk & claims management, patient satisfaction surveys and staff education and training.
- ii. Invoicing, billing, and account management
- iii. To liaise with a patient’s health fund, Medicare or the Department of Veteran’s Affairs, as necessary, and
- v. The purpose of complying with any applicable laws – i.e. in response to a subpoena or compulsory reporting to State or Federal authorities.

If at any point or for any of the aforementioned reasons Rosslea Medical Centre uses or discloses personal/health information in accordance with the APPs, Rosslea Medical Centre will provide written notice for the patient’s consent for the use and/or disclosure.

Part F – Access and Changes to Personal Information

If an individual patient reasonably requests access to their personal information for the purposes of changing information, he/she must engage with the practice manager. Once an individual patient requests access to his/her personal information, Rosslea Medical Centre will respond within a reasonable period of time to provide the information. All personal information will be updated in accordance to any changes to a patient’s personal circumstances brought to Rosslea Medical Centre’s attention. All changes to personal information will be subject to patients consent and acknowledgement. If an individual requests access to his/her personal information Rosslea Medical Centre will charge a fee calculated based on the administrative or other reasonable costs incurred in providing the access. Please note that this fee is associated with administrative costs only.

Part G – Complaints Handling

How an individual patient may complain about a breach of the Australian Privacy Principles or a registered APP code (if any) that binds the entity, and how the entity will deal with such a complaint. APPs in available online at: www.oaic.gov.au or Phone 1300 363 992. Patients should feel free to discuss any concerns.

If you have any comments, complaints, or criticisms or just a good idea, please fill in a suggestion form or feedback form located near the front reception counter. These can be anonymous, or you may add your contact details for the Practice Manager to discuss with you. Alternatively, please ask to speak to the Practice Manager who is available at all times or feel free to call or speak to her on the Practice number 07 4758 0500.

Questions or complaints about any issues related to the privacy of their personal information with their doctor. If a patient remains dissatisfied, you can contact the Office of the Health Ombudsman on 133646 or email complaints@oho.qld.gov.au.

Part H – Personal Information and Overseas Recipients

Use of Overseas Parties:

Rosslea Medical Centre does engage with overseas entities, with which personal or health information would be transferred, appointed, or disclosed.

Part I – Disposal or Personal/Health Information

If Rosslea Medical Centre receives any unsolicited personal information that is not deemed appropriate for the permitted health situation, Rosslea Medical Centre will reasonably de-identify and dispose of the information accordingly. If Rosslea Medical Centre holds any personal or health information that is no longer deemed relevant or appropriate for the permitted health situation, Rosslea Medical Centre will reasonably de-identify and dispose of the information accordingly.

Part J – Access to Policy

Rosslea Medical Centre provides free copies of this Privacy Policy for patients and staff to access.

Part K – Review of Policy

Rosslea Medical Centre, in accordance with any legislative change, will review the terms and conditions of this policy to ensure all content is both accurate and up to date.

Part L – Patient Acknowledgement

I, _____, acknowledge that I have read the Privacy and Confidentiality Policy above and understand the requirements of Rosslea Medical Centre and myself in how to manage my personal information whilst attending Rosslea Medical Centre.

Signed: Date: