

**GENERAL PATIENT INFORMATION
PRIVACY IN OUR MEDICAL PRACTICE
DR TERESA NANO & DR ALLAN KRUGER**

MISS / MS / MRS / MR / DR:

SURNAME:

FIRST NAME:

ADDRESS:

DOB:

Phone Number:

Mobile Number:

M/CARE NO: _____ Ref No: _____ Expiry Date:...../.....

PRIVATE HEALTH FUND:NUMBER:

Do you have Hospital & Extras () Hospital Only () Extras Only ()

PENSION/HCC NO: Expiry Date:

VETERANS AFFAIRS NO (REPAT):

EMAIL ADDRESS:.....

OCCUPATION:.....

NEXT OF KIN:

Relationship:..... Mobile/Phone:

REGULAR GP: Phone:

We value the doctor-patient relationship. Patient privacy is vital to such a relationship. The Privacy Act 1988 and its recent amendments formalize the already existing and acknowledged privacy obligations of our practice.

This general patient information is used for

- Administrative purposes in running our medical practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- To other medical practitioners, hospitals or health service providers including locums to assist in current or future treatments that relate to the condition you are currently being treated for, or subsequently arise, as either an outpatient or inpatient.
- Disclosure to medical defence organisations.
- Clinical audits to ensure quality management of patients and their illnesses. If this proceeds to publication, there will be no information identifying individuals.

PATIENT CONSENT

I have read and understand the purpose of collection of personal information. I consent to the handling of personal information as outlined above. I will notify the Practice of additional limitations on access or disclosure.

Patient Signature _____ Date _____

PLEASE COMPLETE MEDICATIONS LIST OVER THE PAGE

