



## PATIENT INFORMATION FORM AND FINANCIAL CONSENT

<b>Patient Details</b>	
Title	Surname
First name	DOB
Address	
Home Phone	Wk Phone
Mobile	
Email	

<b>GP Details</b>
Name
Address
<b>Referring Doctor</b>
Name
Address

Medicare Number	Ref No:  —	Expiry Date  /	
Private Hospital Cover	Name of Fund	Membership Number	
Workers' Compensation Details / ICWA	Claim No: Insurer	Contact Person Telephone	Telephone

NOK/Emergency Contact Name	Relationship
NOK Phone No:	Partner's Name

**HOW DID YOU FIND OUT ABOUT MR IAN TIMMS & SCULPTING SURGERY**

**Please turn over page, read patient consent information and sign below**

**CONSENT**

- I provide my consent for Mr Timms to collect use and disclose my personal information as outlined overleaf.
- I understand that I am entitled to access my own health records except where access would be denied as outlined overleaf.
- I understand that I may withdraw my consent as to use and disclosure of my personal information (except where legal obligations must be met).

**PATIENT**  
 print name .....

signed .....

**WITNESSED**  
 print name .....

signed .....

## **PATIENT CONSENT: TO COLLECT & DISCLOSE INFORMATION**

The Privacy Act 1988 requires medical practitioners to obtain permission from their patients to collect, use and disclose that patients' personal information.

### **COLLECTION**

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

- Full medical history
- Family medical history
- Ethnicity
- Contact details
- Medicare/private health fund details
- Genetic information
- Bill/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 previous G.P's or Specialists
- Other health care providers, such as physiotherapist, hand therapists, psychologists, etc.
- Hospital 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 prior consent.

### **USE & DISCLOSURE**

With your consent, the practice staff may use and disclose your information for the following purposes: -

- Account keeping and billing
- Referral to another medical practitioner or health care provider
- Sending of specimens and samples
- Referral to hospital for treatment 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 or insurers.
- To prevent or lessen a serious threat to an individuals life, health or safety.
- Where legally required to do so, producing records to court, or the notification of diagnosis of certain communicable diseases.

### **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
- Access would unreasonably impact on the privacy of another
- Your request is frivolous.

We ask that your request be in writing. We will 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 that information. It is our practice policy that we will record all your corrections and place them with your file but will not erase the original record.

### **BILLING PROCEDURES**

We request that fees be paid at the end of your consultation. EFTPOS facilities are available for your convenience.

#### **Surgical Fees**

This practice charges a "gap" above the Medicare Schedule for most surgical procedures. We are happy to provide an estimate of fee after your initial consultation with item numbers where appropriate.

It is the responsibility of the patient (or guardian) to settle the account in full at your first post-operative appointment, or if a cosmetic procedure, ten days prior to your surgery.

The doctor's fee is inclusive of aftercare treatment in the rooms for up to six weeks following the surgical procedure. Thereafter a review consultation fee will be charged. If this period involves "not routine aftercare" then a fee will be charged.

**The patient will accept liability for Worker's Compensation, Motor Vehicle Insurance Trust or Private Insurance claims that are rejected**