

PATIENT DETAILS

Title	First Name		Middle			
Family Name						
DOB	Mobile		Home Pho	ne		
Address						
Suburb	:	State		Postcode		
Mailing Address						
Email						
MEDICAL DETA	ILS					
Do you identify a	as aboriginal or Torres Straight Islander	Υ	N			
Medicare Numbe	er	Individual Reference		Expiry		
Pension/ health care card CRN						
Private healthcare fund		Health fund number				
Department veteran affairs DVA Number					White	Gold
General Practitioner						
Practice						
Other healthcare professionals managing your care						
NEXT OF KIN						
Name						
Relationship to y	/ou					
Contact details						
Do you give consent to be contacted via email & SMS (mobile text message) for: appointment reminders, recall and other text reminders or medical services we offer?						
		Υ	N			
I have read the PATIENT CONSENT TO COLLECT & DISCLOSE INFORMATION form attached and agree						
Patient Signatur	е			Date		

PATIENT CONSENT TO COLLECT & DISCLOSE INFORMATION

The Privacy Act of 1988 requires all health practitioners to obtain consent from their patients to collect, use and disclose patients' information.

COLLECTION

South West Cardiovascular staff will collect information that is necessary for your treatment.

Such necessary information may include:

- Full medical and psychological history
- Family medical and psychological history
- Ethnicity
- Medicare / Private health fund details.
- Billing and accounting information
- Contact Details

The information will normally be collected directly from you; however, there may be occasions when it will be necessary to collect information from other sources with your prior consent.

These sources may include but are not limited to:

- Parents about children.
- Children about their family.
- Schools and teachers.
- Other health care providers.

In emergency situations we may have to collect information from relatives or other sources without your prior consent.

USE AND DISCLOSURE

With your consent we will use and disclose your information for purposes such as:

- Account keeping and billing.
- To reply to your referring doctor.
- PREFERRAL TO Another health care provider or hospital.
- Management of South West Cardiovascular including quality assurance, practice accreditations and complaint handling.
- To prevent or lessen a serious threat to an individual's life, health or safety.
- Where legally required to do so e.g. by a court, mandatory reporting etc.
- To meet our obligations of notification to medical defence organisations or insurer.

SOUTH WEST CARDIOVASCULAR

You are entitled to have access to your own health records at any time convenient to all parties. Depending on the nature of the access requested a charge might be payable where the practice incurs costs in providing access.

There are some circumstances in which access may be denied, but in such an event you will be advised of the reason.

If you find any information we hold on you is inaccurate or incomplete, please advise us so that we can adjust your record.

We are not able to erase the original record.