

New patient Registration Information and Consent Form

CONTACT INFORMATION

Title: MR/MRS/MISS/MS/DR/NA Family Name:

Given Name: Preferred Name:

DOB: Birth sex: Gender identity: Pronouns:

Address: Post code:

Postal Address: Post code:

Contact numbers: Home: Mobile: Work:

Email:

EMERGENCY CONTACT DETAILS

Name: Relationship to you:

Home phone: Mobile:

NEXT OF KIN DETAILS

Name: Relationship to you:

Home phone: Mobile:

HEALTHCARE IDENTIFIERS

Medicare number: IRN: Expiry:/.....

Dept of Veterans' Affairs Number: ☐ Gold White ☐ White card

Concession Card (Pension/Health Care) Card Number: Expiry:/.....

CULTURAL IDENTITY

To assist Indigenous Australians with health initiatives - Do you identify as an Aboriginal and/or Torres Strait Islander person? ☐ No Australian non-indigenous ☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander

☐ Yes – Aboriginal and Torres Strait Islander

Country of birth: Pref language if other than English:

As Australia is a multicultural society, and to tailor to appropriate care, understanding and appreciation between people from different nationalities and cultures – do you identify as someone from a culturally and/or linguistic diverse background?

☐ No

☐ Yes – please say more:

If yes, Do you require an interpreter service? ☐ Yes ☐ No

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HEALTH INFORMATION

ALLERGY – Are you allergic to any drugs, medications, anaesthetics or dressings?

- ☐ No ☐ Yes – please provide details

Drug, Dressing or Substance	Reaction (eg rash, hives, wheeze, anaphylaxis)

CURRENT MEDICATIONS – Please list all current medications, doses and frequency of use including complementary and over the counter medications, vitamins and minerals:

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MEDICAL HISTORY – Do you have or have you had a history of the following?

- ☐ Surgery – provide details:
- ☐ Asthma
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Chronic illness
- ☐ Other – please provide details:

Females please note: Your last Cervical screening test: Date:

LIFESTYLE RISK FACTOR

Smoking: ☐ Never ☐ No – ceased date: ☐ Yes – how many / day, / week

Alcohol: ☐ Never ☐ Yes – how many drinks / day, / week / month

Recreational Drug Use:

- ☐ No ☐ Yes - pls list type and frequency:

FAMILY HISTORY

Have any family members had any of the following problems:

- ☐ Heart Disease
- ☐ High blood pressure
- ☐ Diabetes
- ☐ Mental illness
- ☐ Cancer – type
- ☐ Other significant – please provide details

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PATIENT CONSENT

In accordance with section 6(1) of the *Privacy Act 1988* (Cth) ("**Privacy Act**"), all information collected in this medical practice is treated as 'sensitive information'. To protect your privacy, Mt Martha Village Clinic Pty Ltd ACN 005 840 184 as trustee for the MMVC Unit Trust ("**Practice**") operates in accordance with the Privacy Act and its Privacy Policy. A copy of our Privacy Policy is available free of charge from reception or on our website <https://www.mmvc.com.au/patient-confidentiality/>

Your GP uses the information you provide to manage your health care, which may include using the information for the following purposes (including instructing the Practice to use the information for the following purposes on your GP's behalf):

- Collecting, recording and storing your personal and health information that will form part of an individual computerised medical record.
- Issuing reminders for specific health checks that you may require, if any, as part of your consultation with your GP and/or our nurse.
- Providing you with health information updates, general medical updates and provide your personal and health information to the relevant state and/or national recall reminder registers.

Using your personal health information to undertake, however not limited to, administrative tasks involved in the running of the Practice, and for your GP, billing tasks which includes compliance with Medicare, Health Insurance Commission and other relevant Government agency requirements.

Your GP may use artificial intelligence to record and summarise your consultation and store the transcript of your appointment in your medical record. These notes will be reviewed by your GP to ensure they accurately reflect your appointment before they are relied upon to provide medical advice. If you have any queries or concerns, please let your GP know who can provide you with access to the relevant terms and conditions and privacy policy for the specific artificial intelligence program they use.

Selected information may be disclosed to various other health care providers involved in supporting your health care management (e.g. pathology and imaging providers, hospitals or other specialists). You hereby acknowledge and consent to the disclosure and/or use of your personal health information by the Practice, your GP and persons directly or indirectly involved in your personal health care or medical treatment for that purpose, including:

- Sending specimens obtained from you to the necessary pathology provider for analysis. As a result, you understand that you may incur an out-of-pocket expense, by which a separate invoice will be issued by the relevant pathology provider. You understand that you will be liable for all expenses incurred.
- Disclosing your personal and health information to the relevant medical and allied health service providers involved in your care.
- Disclosing de-identified personal and health information for research and quality assurance purposes undertaken by your GP to improve the quality of both individual and community health care needs and medical practice management. You may 'opt-out' of any involvement at any time.

- Using your personal and health information by your GP and other authorised individuals involved in your medical care and treatment, both directly and indirectly.
- Disclosing for legal related purposes as requested and required by a court or other regulatory body.
- For medical training/teaching purposes where de-identified information is disclosed to medical students and staff.
- For disease notification as required by the law.

COMMUNICATION BETWEEN PRACTICE AND PATIENT

Your GP is committed to providing patients with quality health care. As part of their commitment, Mt Martha Village Clinic has implemented technology solutions to enable communications with you on your GP's behalf via SMS and mobile applications.

In addition to other communications that may be sent to you from time to time, common communication types include the following:

- 1.) Appointment reminders – notifications to you to remind you of upcoming appointment dates with your GP or our nurses at the Practice as well as allowing you to confirm your appointment;
- 2.) Clinical reminders – notifications to you to remind you to contact the Practice to arrange appointments with your GP for regular clinical check-ups, medical procedures, immunisations due;
- 3.) Clinical communications – communications to you about your clinical care with your GP such as returned pathology results or clinical messages; and
- 4.) Health awareness – communications to you in relation to general health care information and health care services provided by your GP including notifications about changes to the Practice's opening hours and information about health care services provided by your GP.

As part of the provision of health care services to you, the Practice on your GP's behalf will send appointment reminders, clinical reminders and clinical communications from time to time. You may also be sent health awareness information if you have consented to receive such communications. Your information (including health information) may be disclosed to third party service providers (which may be located outside the state) to assist us in sending you any information that is unencrypted. For example, if we send you an sms, your details are disclosed to the carrier that MMVC engages in order to get that message to you. So when you are provided with instruction or information regarding your personal health, it is done with simple, direct terms via sms or email and any sensitive information is kept for face to face consultation.

To the extent practicable, communications will be sent via your preferred contact method indicated below. However, you acknowledge that we may contact you using any of your contact details that you may provide to us from time to time as we consider appropriate.

APPOINTMENTS AND FEES

You understand there may be additional charges incurred beyond the standard consultation fee if any additional tests and/or procedures are required.

You understand your GP requires payment directly following your appointment. Failure to make payment on the day and before 7 days after your appointment may incur an additional administration fee for the time and resources taken to recover full payment.

You will not be allowed to make future appointments until all outstanding accounts have been paid.

You understand a non-attendance fee as set by your doctor will be applicable for any missed appointments.

You understand a late cancellation fee as set by your GP may be applicable for any appointments cancelled with less than two (2) hour of notice.

If you are experiencing financial hardship, you will notify the Practice Manager in writing prior to your appointment so that an appropriate payment plan can be devised and agreed to between you and your GP.

If you have any questions or concerns about any of the information on this form, you will request to speak to the Practice Manager or notify the Practice Manager in writing.

ACKNOWLEDGEMENT AND CONSENT:

I have read the information above and understand the reasons why my information must be collected.

I have read the information above and understand why the Practice on my GP's behalf will communicate with me.

I have read the information above and understand the appointments and fees information.

I understand that I am not obliged to provide any information requested of me but if I choose not to, then I may compromise the quality of health care and treatment provided to me.

I acknowledge and agree that, in the course of providing health care services to me, my GP and Mt Martha Village Clinic may need to use and disclose my personal information (including any health information) as set out in this form.

I wish to receive health awareness communications as described above and I hereby specifically consent to the use of my personal information, including any health information by my GP and Mt Martha Village Clinic to assess the types of health awareness communication that is sent to me and specifically consent to receipt of such health awareness communications.

I acknowledge that my GP and Mt Martha Village Clinic will use contact details provided by me (as updated by me from time to time) to communicate with me. To the extent that the mobile number I have provided to Mt Martha Village Clinic is utilised by more than one patient, I understand and consent that all SMS and phone communications will be directed to that number.

Please complete and sign below if you understand and agree to the acknowledgements and consent set out above.

Patient Name (please print):

Parent/Guardian Name if patient is under 16:

Your relationship to patient (eg mother, father, guardian)

Signature: Date:

If you do not wish for this to occur, please advise reception or your GP.

PRIVACY COLLECTION STATEMENT

Mt Martha Village Clinic Pty Ltd ACN 005 840 184 as trustee for the MMVC Unit Trust collects your personal information for purposes related to (or in the case of sensitive information, directly related to) our functions or activities, including facilitating the delivery of health services to you from your health practitioner, informing you of services which may be relevant to you and to communicate with you on behalf of your health practitioner. We may not be able to facilitate the delivery of health services from your health practitioner to you if you do not provide this information. Your personal information may be disclosed to our related bodies corporate, health practitioner, and third-party services providers. Your personal information is kept private and secure, as required by federal and state privacy laws.

Please refer to our Privacy Policy for full details of how we handle your personal information, including how you may access and seek correction of your personal information, complain about a privacy breach, and how we will deal with that complaint.

Thank you for your cooperation and please return your completed form to reception.