



BURRANEER FAMILY PRACTICE

Providing Quality Family Health Care

NEW/AMENDED PATIENT INFORMATION FORM

Title: _____ Surname: _____ Given: _____

Preferred Name: _____ Date of Birth: ____/____/____ Sex: Male / Female

☐ Non Aboriginal/Torres Strait Island ☐ Aboriginal ☐ Torres Strait Islander ☐ Both A/TSI

☐ If not A/TSI, what is your Ethnicity please: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone (H) _____ (W) _____ (Mobile) _____

Consent to SMS Reminders: (Please circle) YES NO

Email (please write clearly) _____

Consent to Receive Emails (Please circle) YES NO

Medicare/DVA No: _____ Ref No: _____ Expiry Date: ____/____

Pension/HCC/Seniors Card No: _____ Expiry Date: ____/____
(Please circle which card above)

Head of Family / Person Responsible for Accounts:

Tick if Self ☐ OR Name: _____

Date of Birth: ____/____/____ Phone: _____

Medicare No tick ☐ if same as above, OR Your Reference Number: _____

Next Of Kin

Tick if same as Head of Family ☐ or complete details below:

Name: _____ Relationship to patient: _____

Telephone: (Mob) _____ Alternate number _____

Emergency Contact

Tick if same as NOK ☐ or complete details below:

Name: _____ Relationship to patient: _____

Telephone: (Mob) _____ Alternate number _____

*** New patients over 18yrs please provide photo ID to reception ***

Please read and sign our payment policy over the page

Our Fees policy

You agree that payment for services provided by doctors at Burraneer Family Practice are to be made in full, at the conclusion of your appointment.

You agree that you may be liable for the full appointment cost of \$86.00 plus GST for non-attendance or cancellation with less than 4 hours' notice before the appointment time.

Our Privacy Policy

Burraneer Family Practice respects your right to privacy. It is important that you understand the purpose for which we collect details about you and your health, as well as how this information is used and to whom this information may be disclosed.

Your Personal information

The personal information we collect includes your name, date of birth, address, contact details, Medicare number and healthcare identifiers. Medical information may include medical history and any care you may need. GPs need information about your past and present health in order to provide you with high-quality care.

Our practice follows the guidelines of the RACGP's Handbook for the management of health information in general practice, 3rd edition (the Handbook). The Handbook incorporates federal and state privacy legislation, and the Australian Privacy Principles, which requires that your personal information is kept private and secure.

Providing your information to other GPs

In this practice, it is normal for all our GPs to have access to your medical records. If you have any concerns about this, please discuss them with your GP or practice staff.

It is important that other people involved in your care, such as medical specialists and other healthcare professionals, are informed of the relevant parts of your medical history, so they can provide the best care for you. Your GP will let you know when this is necessary.

Providing your information to others

GPs respect your right to decide how your personal information is used or shared. For example, this may be sharing your health information with specialist doctors. Personal information that identifies you will only be sent to other people with your consent, unless there are exceptional circumstances. Gaining your consent is the guiding principle used by this practice in using and sharing your information.

Our practice will not share your personal health information with anyone else or another organization unless:

- you have consented to this sharing, or
- they are legally obliged to disclose the information, in which case your GP will first discuss with you the information that she or he is legally obliged to disclose, or
- the information is necessary for you to obtain Medicare payments or other health insurance rebates, or
- there is an overriding public health and safety interest in the release of the information.

In the above cases, only information necessary to meet the requirements will be provided. Your health information will not ordinarily be sent overseas unless:

- you are informed and provide consent for this to occur, and
- the overseas country receiving the information has privacy laws that are very similar to the Australian Privacy Principles.

If you are uncertain why information is being requested, please ask your GP or the practice staff

Your medical records

Would you like to transfer your medical records from another doctor? Yes / No

If yes please ask reception to complete a transfer of medical records form.

Direct mail from the practice

On occasion we will send you a letter directly to you. For example, welcome to the practice, invitation to our reminder system for medical check-ups, please tick the box if you **DO NOT** want these to be sent. ☐

If you have any safety concerns please inform your doctor or a member of staff.

For a full copy of our practice's Privacy Policy please ask reception.

Patient Signature/Guardian _____ Date: ____/____/____