CONFIDENTIAL PATIENT REGISTRATION FORM
Please read and complete both sides of this form.

Surname: Mr / Mrs / Miss / Ms / Dr ……………………………………………………………………………

Given Names: ………………………………………… Preferred name: ……………………………

Address: ………………………………………………………………………………………………

……………………………………………………… Post code: ……………………………

Telephone: Home: ………………… Work: ………………… Mobile: ………………………………

Email: ………………………………………………………………………………………………

Date of Birth: ………………………………… **Occupation:** ………………………………………

MEDICARE NUMBER: __ __ __ __ __ __ __ __ __ __ Ref: No. __ Expiry Date: ……………

Are you on a Veteran or Aged Pension or hold a Health Care Card? YES / NO

Pension Number: ……………………………………… H.C.C. Number: ……………………………

Veterans' Affairs Number: …………………………………………………………………………………

PRIVATE HEALTH INSURANCE DETAILS:

Name of Fund: ………………………… Membership No.: …………………… DVA No. (if applicable): ……………

Are you covered for admission to a **private hospital?** ……………………………………………………

Have you been insured for at least 12 months on your current level of cover? ☐ YES ☐ NO

EMERGENCY CONTACT: Tel no.: …………………… Name / Relationship: …………………………………

LOCAL DOCTOR: Name: ………………………………………………………………………………

Address: ………………………………………………………………………………………

SIGNIFICANT ILLNESSES:

Heart disease	yes / no	Diabetes	yes / no	Emphysema/ asthma	yes / no
Do you take blood thinners?	yes / no	Sleep apnoea	yes / no	Epilepsy	yes / no
Do you take weight loss medication?	yes / no	Kidney disease	yes / no	Stroke	yes / no

Other: ………………………………………………………………………………………………………

Do you have any allergies? Please list ……………………………………………………………………

Consent to obtain medical information from a healthcare provider and/or healthcare facility.

I consent to Focus Gastroenterology obtaining medical information about me from a healthcare provider and/or healthcare facility.

Signed: ……………………………………………………… **Date:** ………………………………

Please print name: ………………………………………………………………………………

PRIVACY POLICY, BILLING INFORMATION AND CONSENT TO OBTAIN MEDICAL RECORDS

Under the Victorian Health Records Act and Commonwealth Privacy Act 1988 this practice takes all reasonable steps to comply and protect the privacy of your personal information as set out below.

COLLECTION OF INFORMATION:

The information collected from you allows us to assess, diagnose and treat your health care needs. The information provided by you may be used and disclosed to others involved in your health care, including (but not limited to) treating doctors, pathology services, multidisciplinary team meetings, radiology services, hospitals and other specialists outside this medical practice.

Disclosure to enable recording on medical registers e.g. Splenic Registry.

Administrative purposes in running our medical practice, including our insurer or medical indemnity provider and quality assurance and accreditation bodies.

Information is provided to your health insurance fund, the Health Insurance Commission (Medicare), debt collection agents and other organisations responsible for the financial aspects of your care.

Assisting with training and education of other health professionals.

INFORMATION QUALITY: It is important to ensure that your information is accurate and up to date. To assist with this, please contact the rooms if any of the details you have provided change.

STORAGE: We take all reasonable steps to protect the security of personal information we hold, including electronic and hard copy materials.

WHAT HAPPENS IF YOU CHOOSE NOT TO PROVIDE THE INFORMATION: You are not obliged to give us your personal information. If you do not provide some personal details, we might not be able to provide you with the full range of our services.

TREATMENT OF MINORS: Rights of children to the privacy of their health information, based on the professional judgement of the doctor and consistent with the law, may restrict access to the child’s information by the parents/guardians.

COMPLAINTS: If you have any complaints about our privacy practises or wish to make a complaint about how your personal information is managed, please contact the office. All complaints will be dealt with fairly and as quickly as possible. If you are dissatisfied with the outcome of your complaint, you may contact the Victorian Health Services Commissioner or Federal Privacy Commissioner.

COLONOSCOPY RECERTIFICATION. Information from colonoscopy may occasionally be used for the purposes of auditing colonoscopy performance (GESA colonoscopy recertification program). This is de-identified information. No personal information such as your name or date of birth is provided.

BILLING: Our doctors may occasionally provide telehealth (phone or video) consultations for the purpose of providing test results and/or providing clinical advice and treatment. These consultations may be bulk billed.

- I consent to the handling of my information by this practice for the purposes set out in the privacy policy above, subject to any limitations on access or disclosure that I notify this practice of in writing after discussion with my doctor.
- I consent to my doctor using my de-identified colonoscopy data for auditing purposes.
- I consent to my doctor bulk billing Medicare for telehealth consultations (see BILLING above).

Signed: ……………………………………………………………… **Date:** …………………………………..

Please print name: ……………………………………………………………………………………………