TWO ROCKS MEDICAL CENTRE
PATIENT REGISTRATION FORM

Welcome to our Medical Centre. Please take a moment to complete the following information in full.

Title: *(please circle)* **Mr / Mrs / Ms / Miss / Mast**

Surname: _____

First Name: _____

Middle Name: _____

Preferred Name: _____

Date of Birth: dd / mm / yy _____

Ethnicity: ☐ **Aboriginal**

☐ **Torres Straight Islander**

Country of Birth: _____

Address 1: _____

Address 2: _____

City / Suburb: _____

Post code: _____

Home Telephone: _____

Mobile: _____

Email address: _____

Occupation: _____

Medicare No.: _____ **Ref:**

Medicare Expiry: _____

Pension/HCC No.: _____

Pension Expiry: _____

Vet. Affairs No.: _____

Next of Kin: _____

Emergency Contact (if different) _____

Relationship: _____

Address (if different): _____

_____

_____

Telephone: _____

Any allergies you have? ☐ **Nil Known**

Do you smoke: *(please tick)*

Non Smoker	Ex Smoker	Current Smoker
☐	☐	☐

Our practice is committed to helping our patients quit smoking. Please ask your doctor or our reception team for support information.

Reminder Systems: We provide our patients with preventive care and early case detection reminders e.g. immunisations, annual health checks, skin checks and pap smears. Do you wish to have any relevant health reminders sent to you? YES / NO *(please circle)*

CONSENT

The Privacy Act (Amended) 1988 requires that medical practitioners obtain consent from each patient with regards to the collection, disclosure and access of personal information. **Please see overleaf for details and complete below.**

I consent to Two Rocks Medical Centre collecting, using and disclosing my personal information as outlined and I understand that:

- I am entitled to access my own health records except where access may be denied as outlined overleaf.
- I may withdraw my consent except when legal obligations must be met.

PATIENT NAME: _____ **SIGNED:** _____

Print

WITNESSED: _____ **DATE:** _____

Medical Receptionist

PATIENT CONSENT TO COLLECTION, DISCLOSE AND ACCESS OF INFORMATION.

The Privacy Act (Amended) 1988 requires medical practitioners to obtain consent from each patient to collect, use and disclose their personal information and to acknowledge the patient's right to access the personal information held by the practitioner.

COLLECTION

The Practice will collect information that is necessary to properly advise and treat you. Such necessary information may include:

- Full medical history
- Family medical history
- Contact details
- Medicare details
- Private health fund details
- Genetic information
- Billing / account details

The in formation will normally be collected directly from you but there may be occasions when we need to obtain information form other sources. Examples of these are:

- Other medical practitioners (e.g GP's, specialists, health care facilities such as hospitals and day surgery units).
- Other health care providers (e.g. physiotherapists, occupational therapists, psychologists, pharmacies, dentists).

USE AND DISCLOSURE

With your consent, our practice staff will use and disclose your information for purposes such as:

- Referrals to another medical practitioner, hospital or health care provider
- To meet our notification obligations to our medical defence organisations
- Quality Assurance, Practice Accreditation and complaint handling
- To prevent a serious threat to an individual's life, health or safety
- Advice on treatment options
- Sending specimens for analysis
- Account keeping and billing purposes
- Where legally required to do so such as producing records to court, mandatory reporting of child abuse or notification of diagnosis of certain communicable diseases.

ACCESS

You are entitled to access your own health records at any time convenient to you and the practice. In certain circumstance we may deny access where:

- To provide access would create a threat to health or life
- There is a legal impediment to access
- The access would unreasonably impact on the privacy of another
- Your request is frivolous
- In the interest of National security

We ask that where possible, your request be in writing. We may impose a charge for photocopying or 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 take all steps to record all of your corrections and place them with your file but we will not erase the original records.