



PATIENT INFORMATION RECORD

PERSONAL DETAILS

TITLE	FIRST NAME	MIDDLE NAME
SURNAME		DATE OF BIRTH
COUNTRY OF BIRTH	ADDRESS	
SUBURB	POSTCODE	
POSTAL ADDRESS (if different from above)		
HOME PHONE	WORK PHONE	MOBILE
EMAIL ADDRESS		
NEXT OF KIN	RELATIONSHIP	PHONE No.
DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER: YES / NO		
DID FAMILY OR FRIENDS REFER YOU: YES / NO		
If yes, who referred you:		

MEDICARE & HEALTH FUND DETAILS

MEDICARE CARD No.	REF No.	(No. Beside your name)	EXPIRY	/
HEALTHFUND NAME				
HEALTHFUND MEMBERSHIP No.				
VETERANS NUMBER				

REFERRING DETAILS

REFERRING PRACTITIONER:
USUAL GP:
ARE YOU TAKING ANY BLOOD THINNERS: YES / NO
If Yes, which blood thinner do you take:
ARE YOU DIABETIC: YES / NO IF YES, WHAT TYPE OF DIABETIC:

IMPORTANT PLEASE READ CAREFULLY

I undertake to pay all fees incurred by myself with Dr Gilda Kert at Darling Downs Eye. I confirm I have read and understand the Darling Downs Eye Privacy and Consent Policy and give my consent.

SIGNED **PRINT NAME** **DATE**

PATIENT CONSENT AND PRIVACY POLICY

Please read this consent form carefully prior to signing the Patient Information Record

This practice is bound by the Federal Privacy Act (1988) and the Australian Privacy Principles (APPs). Darling Downs Eye (the practice) recognises the importance of protecting the privacy and the rights of individuals in relation to their personal information. This document outlines how we collect and manage your health information and record your consent or restrictions to this consent.

What is your personal information?

Personal information is data that identifies you or could reasonably identify you. Our privacy policy covers personal information given to the practice.

What personal information do we collect and hold?

The information Darling Downs Eye collects may include your demographics, family information, employment, past medical and social history, current health issues and medical care, Medicare number, account details and any health information such as medical or personal opinions about a person's, disability or health status. We may also collect some information that is not considered personal information as it does not identify you or anyone else. For example, we may collect de-identified responses to patient feedback surveys.

How do we collect your personal information?

- Directly from you when you attend our practice
- As disclosed by you during your consultation at our practice
- From third parties such as a referring health professional, employers, law enforcement agencies and other government entities

What happens if we can't collect your personal information?

If you do not provide us with personal information it may impair your treatment at the practice.

For what purpose do we collect, hold, use and disclose your personal information?

By signing the Patient Information Record, you (as a patient/parent/guardian) are consenting to the collection of your personal information and that it may be used or disclosed by the practice for the following purposes.

- To provide medical services and treatment
- Administrative purposes in the operation of our ophthalmic specialist practice
- Billing purposes, including compliance with Medicare requirements
- Disclosure to others involved in your health care, including treating doctors and specialists outside this ophthalmic specialist practice. This may occur through referral to other specialists, doctors or for medical tests and in the reports or results returned to us following the referrals.
- To comply with any legislative or regulatory requirements, e.g. notifiable diseases
- For legal related disclosure as required by a court of law
- For inclusion in a recall or reminder register for prevention of chronic disease
- Appointment reminders frequently issued by SMS or email
- For the purpose of data research and analysis only where de-identified information is used
- For the purpose of reporting back to your employer (with your consent)
- To meet the obligations of notification to our medical defence organisations or insurers

Who do we disclose your information to?

The practice will not disclose any personal information to any party unless consent has been obtained, with the exception of a mandatory report e.g. certain diseases.

At all times we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

Please complete our Patient Information Record if you understand and agree to the following statements in relation to our use, collection, privacy and disclosure of your patient information.

By signing the Patient Information Record you agree to the following:

1. I have read the information above and understand the reasons why my information must be collected and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.
2. I give permission for my personal information to be collected, used and disclosed as described above, including contact via SMS to my mobile phone number or email. I understand only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying this practice in writing.