Macquarie
Neurosurgery

Macquarie Neurosurgery
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All Correspondence:

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PATIENT INFORMATION FORM

Title _____

First Name _____ Surname _____

Date of Birth _____ Occupation _____

Address _____

Suburb _____ State/Postcode _____

Home phone _____ Mobile phone _____

Email Address _____

Medicare Number ☐☐☐☐ ☐☐☐☐☐ ☐ Reference Number _____

Private Fund _____ Membership Number _____

Pension Number _____ Type AGED DISABILITY OTHER

DVA Number _____ Colour GOLD WHITE Disability Type _____

Height _____ Weight _____ Right or left handed? Right / Left

Emergency Contact _____ Relationship _____ Contact Number _____

Are there any other medical practitioners you would like to have copied on your correspondence apart from your referring doctor? (I.e. Usual GP, other specialists) Please list name and address:

_____

_____

_____

Have you heard of Gamma Knife? If so how? _____

PRIVACY CONSENT & INFORMATION

The Privacy Act 1988 requires medical practitioners to obtain consent from their patients to collect, use and disclose a patient's personal information. Our privacy policy is available on request to all patients.

COLLECTION

We will collect information that is necessary to advise and treat you that may include:

- Medical history
- Family medical history, genetic information, ethnicity
- Contact details
- Billing details/ Medicare number/ health fund details

Details will be stored in your notes and on our computer system. Information will be collected from you and other sources such as your GP, specialist, other health care providers such as physiotherapists, nurses, and hospitals. Both our practice staff and medical practitioners will participate in collection of this information.
In emergency situation we need to collect information from other sources where we are unable to obtain your prior consent.

Health privacy principles apply to all photographic images and audio-visual records. We provide for the secure storage, access to, use and disclosure of these records.

The storage or transfer of personal health information on portable media such as USB, CD, laptop, iPad or Tablet, is limited to employer-owned media, and used on a temporary needs basis only. Reasonable steps are taken when storing or transferring information in this way to reduce the risk of unauthorised access to the information, such as developing password entry into documents or systems.

USE & DISCLOSURE

With your consent the practice staff use and disclose your information for purposes including;

- Informing your GP and referring specialists on your treatment
- Referral to other doctors, health professionals, ordering tests and hospital admission
- Quality assurance, practice accreditation and complaint handling
- Account keeping and billing e.g Medicare, health funds, insurance companies
- Practice Management
- To meet our obligations of notification to our medical defence organisation or insurers
- To prevent or lessen a serious threat to an individual's life health or safety
- Where legally required to do so such as producing personal information that could identify a person will be removed
- Research. Where information is to be disclosed to another party "de-identification" of information will be used – that is personal information that could identify a person will be removed
- Patient data will be used for the purposes of HREC-approved research projects

ACCESS

You are entitled to access your own health records. If access is requested we ask that your request be in writing. Where you dispute the accuracy of the information you are entitled to correct that information. We will take all steps to record any of your corrections and place them with your file but will not erase the original record. Access can be denied in some specific cases.

CONSENT

I provide consent for Macquarie Neurosurgery to collect, use and disclose my personal information as outlined above.
I understand that I may withdraw my consent as to use and disclosure of my personal information except when legal obligations must be met.

Patient name _____ Signed _____ Date _____