

Patient Details Form**DR GARY NIELSEN**

Title: Mr / Mrs / Miss / Ms / Dr / Other	
Surname:	
First Name:	
Address:	
Telephone:	Home:
	Work:
	Mobile:
Email: **	

**Please note that by providing your email address you are consenting to receiving communication from us (which may include information regarding your treatment)

Date of Birth:		
Occupation:		
Medicare No:	Card Ref No: (see left of your name)	Expiry Date:
Dept of Veterans' Affairs No:		
DVA White Card holder please indicate area covered:		

Contact details of your GP/local doctor

Name:
Practice Address:

Private Hospital Insurance

Do you have Orthopaedic Cover on you Policy?

Name of fund:
Membership No:
<i>*If you have exclusions placed on your health fund policy or have been in health fund less than 12 months please discuss with staff</i>

CONSENT

Please acknowledge that you have received and understood our Privacy Policy and provide your consent to the collection and use of your health information as described, by signing and dating this form below.

.....
Signature of patient

.....
Date

This Section For Workers Compensation Claims Only:

Claim Number:	
Claim Officer's Name:	
Contact Address:	
Phone:	Fax:
Employer:	Date of injury / /
Area or limb under this claim:	

We need your consent to collect information that is necessary for the provision of your healthcare. Please give your consent where indicated on the attached Patient Detail Form.

What information do we collect and how do we use it?

We collect information related to your health from yourself, other responsible persons, other medical practitioners, allied health staff, other health services or industries eg. Radiology and Pathology and prosthetic suppliers, health funds, insurers and institutions, Government instrumentalities i.e DVA, Workcover, TAC, Prison, Police, Courts and other organizations. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose and treat illnesses and be pro-active in your health care. Health professionals will share your health information as part of a multi-disciplinary team approach to health care. Also in cases where Dr Nielsen requires health information from previous admission to hospitals and health facilities but where Dr Nielsen was not involved with your primary care we require your consent to obtain this information. We will use this information for the purposes of delivering optimum health care to you.

It is possible that Dr Nielsen may consult with other specialists - Local, Interstate and Overseas for the purposes of providing care, education and/or training and be assured that in these cases your privacy will continue to be protected. This may include sharing of Clinical Photos, x-rays, scans and other such private health information. We must advise that Digital communications cannot always be considered secure despite best practice and if you do not wish us to use digital methods of communication with you or others involved in your care - please advise staff so your preference is recorded. You may contact us at any time to remove/amend your email address from our records and change permissions. Permission with respect to emails is considered granted if an email address is filed/ or recorded with staff.

Information that we collect can also be used for health fund eligibility and billing purposes. We will also use your information where necessary for our own practice management and for activities such as; quality assurance, audit purposes, maintenance of Prosthetic Registers, research, education and training.

We will share information with your referring practitioner and/or your nominated general practitioner to offer an integrated medical service. However should you not wish to provide reports to your nominated GP please advise us in writing. Please note all Employees in this practice are requested to comply with the Commonwealth Privacy Act and our Privacy Policy.

Access to your health records?

Storage of your medical information is in our facility at the Mater Medical Centre. Files are stored securely under our own unique numerical system. We do not use government identifiers and passwords are required for access to the computer software. All records are treated as private and confidential.

Access to your health record conforms to Australian Privacy Policy 2012 as outlined in our Practice Policy Document. We prefer patients to look at the information and talk through the contents with the Doctor and a non-Medicare rebateable consultation will be arranged after a formal written request is received. Information collected or generated before 21 December 2001 may not be available. We reserve the right to assign fees to this consultation and to the administration and copying of any records requested.

We must ask that you keep us informed of any changes to your details and health information so that we can correct our records.

If you have a complaint about privacy issues?

Firstly please speak to our Practice Manager about any concerns that you may have regarding the implementation of our Privacy Policy in this practice. Alternatively complaints about alleged breaches of privacy can be made to the Federal Privacy Commissioner. The policy document will be updated to meet regulations as required.