



Panaceum Medical - Panaceum Seacrest - Allied & Industrial Health

New Patient Registration & Consent

*Welcome to our practice, please read and complete the following prior to your appointment.
Thank you!*

PATIENT DETAILS							
Title		Surname		Given Name/s			
Date of Birth	___ / ___ / _____		Sex	Male / Female / Other	Ethnicity		
Address (Res)				State	___ - ___ -	Post Code	
Address (Postal)				State	___ - ___ -	Post Code	
Home Ph		Work Ph		Mobile Ph			
Would you like to receive SMS Reminders for appointments?				Yes / No			
Panaceum Group would like to send you your important health reminders and health promotions via email or text.				<input type="checkbox"/> Please tick if you wish to receive electronic correspondence.			
Email (Where possible use email unique to you, i.e. not work)							
Do you identify as Aboriginal or Torres Strait Islander?				Yes / No			
Private Health Fund				Membership Number			
Religion							
HEAD OF FAMILY, NEXT OF KIN AND EMERGENCY CONTACT DETAILS							
Head of Family (if patient <18yo)				Date of Birth		___ / ___ / _____	
Next of Kin				Relationship			
Next of Kin Phone number							
Emergency Contact				Relationship			
Emergency contact Phone number							
TRANSFER OF MEDICAL RECORDS FROM YOUR PREVIOUS DOCTOR							
If you would like your notes or health summary sent to Panaceum, please request a transfer form at the front desk.							
OUR FEE STRUCTURE							
<ul style="list-style-type: none"> We are a private billing practice, and all fees are required to be <u>paid on the day</u>, unless prior arrangements have been organised. Any service requested by you may incur an out-of-pocket fee. Please initial here that you have read and understood our fee structure. <input type="checkbox"/> 							

Office Use Only: Type of Photo ID Observed _____ - Initial: _____

Patient consent to collect, use, store and share information

Please read the following and complete the form at the end of the document if you understand and agree to the following statements in relation to our use, collection, privacy and disclosure of your patient information. If you are unsure of anything please ask our staff PRIOR to your appointment.

The Panaceum Group collects information from you for the primary purpose of providing quality health care. 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 medical conditions, ensuring we are proactive in your health care. To enable ongoing care, and in keeping with the Privacy Act 1988 and Australian Privacy Principles, we wish to provide you with sufficient information on how your personal information may be used or disclosed; we will record your consent or restrictions to this consent.

1 COLLECTION AND STORAGE

This means we will collect information that is necessary to properly advise and treat you. Such necessary information may include:

- Full medical history;
- Family medical history;
- Ethnicity;
- Contact details;
- Medicare/private health fund details;
- Genetic information; and
- Billing/account details,
- Health Identifiers.

The information will normally be collected directly from you. There may be occasions when we will need to obtain information from other sources, for example:

- 1 Other medical practitioners, such as former GPs and specialists;
- 2 Other health care providers, such as physiotherapists, occupational therapists, psychologists, pharmacists, dentists, nurses;
- 3 Hospitals and Day Surgery Units; and
- 4 Government departments such as the Department of Health.

Both our practice staff and the medical practitioners may participate in the collection of this information.

In emergency situations we may need to collect personal information from relatives or other sources where we are unable to obtain your prior express consent.

If you do not want to share all or some of your information with us, this may have a significant impact on our ability to care and treat you. We ask that you let us know of your wishes as soon as possible.

Once your information is collected, it is stored securely, with passwords to restrict access to certain information. Our computer system is maintained and regularly backed up to maintain the integrity of the information we hold about you.

2 USE & DISCLOSURE

Once collected, the practice staff will use and disclose your information for purposes such as:

- Account keeping and billing purposes;
- Referral to another medical practitioner or health care provider;
- Sending of specimens, such as blood samples or pap smears, for analysis;
- Sending copies of medical prescriptions to pharmacies via a prescription exchange service
- Referral to a hospital for treatment and/or advice;
- Advice on treatment options;
- The management of our practice;
- Quality assurance, practice accreditation and complaint handling;
- To meet our obligations of notification to our medical defence organisations or insurers;

- To prevent or lessen a serious threat to an individual's life, health or safety; and where legally required to do so, such as producing records to court, mandatory reporting of child abuse or the notification of diagnosis of certain communicable diseases.
- Follow-up reminder/recall notices for treatment and preventative healthcare, frequently issued by SMS, Email or letter.

We will use all the contact details you have provided where necessary to assist you with your direct health care including making contact for preventative health reminders set by your clinician.

We will also like to make contact with you via SMS or email:

- Preventative health reminders
- Important practice updates (such as seasonal closing times)
- Relevant health awareness campaigns (immunisation awareness updates or Men's health focus)

We highly recommend that we are able to stay in touch with you via email and SMS, so that you are aware of these relevant health initiatives, and important practice changes, and so that you can receive your preventative health reminder in a quick and convenient way.

If you DO NOT WANT to have your SMS or emails used in this way you can opt out by following prompts in your automated welcome email or speak with one of our team. Important to note: Opting out of SMS and email does not opt you out from receiving your health reminders (such as CST or blood test reminders) we will continue to contact you via post for these.

We can use your mobile number to send an SMS to remind you of appointments, or inform you of changes to appointments. This is an opt in system that can be updated at any time, verbally or in writing in any format.

In some circumstances, a child aged 16 may be considered mature enough to provide their own information and to set limits on its disclosure. This may mean that legally, we cannot share information with their parent / legal guardian. We will not share or transfer information to any overseas organisations without your written permission.

Federal Shared Health Record (My Health Record)

If you register for a Federal My Health Record (MHR) you provide a standing consent for your healthcare providers to upload to and access your MHR when relevant. Upload and access of your information (i.e. Shared Health Summaries and prescription history) where possible will be performed after discussion between you and your healthcare provider. Your healthcare provider will only access your MHR where there is a clinical reason. Prescription information will be provided to your MHR, as well as imaging and pathology reports from those respective providers. You can expressly advise your Healthcare providers not to upload a document or fact while in consultation. The MHR is personally controlled and we recommend that you seek reputable guidance on the MHR before starting a shared health record.

3 ACCESS TO YOUR RECORDS

You are entitled to access your own health records at any time convenient to both yourself and the practice. Access may include receiving a copy of all or part of your record or meeting with the treating doctor to go through the record together or the provision of a summary of your care.

Access can be denied where:

- To provide access would create a serious threat to life or health;
- There is a legal impediment to access;
- The access would unreasonably impact on the privacy of another;
- Your request is frivolous;
- The information relates to anticipated or actual legal proceedings and you would not be entitled to access the information in those proceedings; and
- In the interests of national security.

If we deny you access to all or part of your health record, we will provide you with a written explanation why access has been denied.

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 will not erase the original record.

4 PRACTICE PRIVACY POLICY

Available on request or visit our website www.panaceum.com.au/privacy-policy.

Patient Registration and Consent

DISCLOSURE TO A THIRD PARTY

A “third party” is anyone else that is not legally allowed to access or discuss anything to do with personal medical information without patient consent. This could be a spouse, close friend or family member. **We will not disclose or provide any information, verbal or written to anyone who has not been given permission by the patient or legal guardian.**

By completing the table below, you (as a patient/parent/guardian) are consenting to the access of personal information by the stated third party, and only to the level of access indicated. **It is important for you to inform the practice or your doctor of any changes or exceptions to this access as soon as possible.**

Please leave blank if you do not want third party access to your records.

Details of Third Party		Access Granted (tick which access you want to allow)		
Full name of parties granted access	Relationship to patient	Complete Access to patient record	Collection of patient correspondence and prescriptions only	Communication on behalf of patient to order routine medications, and request results only

By signing below, 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 stated purposes in this consent. You are free to withdraw, alter or restrict consent at any time by notifying this practice.

I, _____ have read the information in this consent 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.

Patient name (please print): _____

Signature: _____ **Date:** _____

If not patient signing - your name (please print): _____

Your relationship to patient (e.g. Mother, Father, Guardian): _____