

Patient Information Request



Please take a few moments to read and complete the following:

Title: _____ Surname: _____ Given Names: _____

Date of Birth: _____

Gender (please circle) M / F

Address: _____

Postcode: _____

Home Ph: _____

Mobile: _____

**Email: _____

Medicare No. _____

Card Ref No. _____

Expiry Date: _____

Department of Veterans Affairs No. _____

Expiry Date: _____

Government Concession Card No. _____

Expiry Date: _____

Overseas Health Care Card No. _____

Expiry Date: _____

Next of Kin

Name: _____

Relationship: _____

Contact No. _____

Emergency Contact Person

Name: _____

Contact No. _____

If under 18 years, name of person responsible for accounts: _____

If you are of Aboriginal or Torres Strait Islander background and wish to self-identify, please circle: **YES**

If you wish to self-identify your cultural background, please specify here: _____

If you have a mobile phone, do you consent to this practice confirming appointments via SMS? (please circle) **YES / NO**

Information About Fees

All healthcare services provided by this practice are covered, in part, by Medicare. We ask that payment of your account is settled at the completion of your consultation. EFTPOS facilities are available for your convenience, and we are happy to submit your paid account to Medicare in order that Medicare reimburse you for part of the consultation. You are welcome to provide your BSB and bank account details for direct deposit, by Medicare, into your nominated account. This expedites reimbursement from Medicare.

Privacy

Amendments to the Privacy Act came into effect in December 2001. As a provider of healthcare services, it is important that you are aware of how any personal information collected by this practice is used.

The personal information collected is that deemed necessary to best attend to and treat the presenting health conditions(s). Personal information is primarily used internally within the practice, but is sometimes used to ensure quality and continuity of your health care and must be partially or fully disclosed to others outside the organisation, depending on the circumstances, e.g., when referring to a specialist medical practitioner, or requesting blood tests, urine tests, x-rays, etc.; when itemising accounts for Medicare.

To facilitate continuation of thorough, efficient medical care, Bedford Medical Clinic; Molechecks Australia; Nu Wave Pure Skin and Bedford Day Surgery access and store all patient medical records in one shared medical records system.

Freedom of Information

All patient files which include personal information, test results, etc., are the property of this practice. However, should you choose to visit another doctor at any time, copies of the appropriate file(s) can be forwarded on receipt of your written request. Under no circumstance will this practice provide or divulge personal information without your prior written consent. Please note that a small administration fee may be charged associated with this service.

Please read and sign your acknowledgement below:

I have read and understood all information above regarding fees, privacy and freedom of information. I am aware that at the conclusion of all consultations there will be a request for payment of the account in its entirety. I am also aware that should a debt collection agency be employed to recover any unpaid accounts in relation to consultations, additional collection fees will apply.

Signed: _____

Date: _____

Printed: _____