

PATIENT REGISTRATION FORMS

Patient Details

Title:

Given Name:

Surname:

Known as:

Date of birth:

Street address:

Suburb:

Postcode:

Postal address: if different

Suburb:

Postcode:

Landline:

Mobile:

Email address:

Language spoken:

Are you of Aboriginal and/or Torres Strait Islander origin?

No

Aboriginal

Torres Strait Islander

Prefer not to say

Medicare number:

Reference number:

Expiry:

Concession number: CRN

Type:

Expiry:

Veteran Affairs number:

select

Gold

White

Veteran Affairs accepted condition:

for White Card Holders

Private health fund:

Health fund number:

Cover type:

Hospital

Extras

Local GP:

GP clinic name:

Local pharmacy:

Additional contacts

Next of Kin:

Relationship of next of kin:

Contact number:

Do you give us permission to discuss appointment bookings / accounts / medical information with this person?

Yes

No

Emergency contact: if different from next of kin

Emergency contact phone number:

Is this a Workcover or Insurance claim?

Yes

No

If 'Yes', please provide details

Insurer:

Claim number:

Case manager:

Contact number:



Please complete the following table to the best of your knowledge if you take medication.

Medication	Dosage	Frequency

Allergies <i>(including drug allergies)</i>	Reaction	Severity

FEES AND SERVICES

South Australian Medical Specialists is a group of private providers of specialist services. As private providers, we charge a fee for our services. The Government recognises the need for private providers of health care and therefore has several mechanisms in place to assist you in meeting the cost of these services. If you need to be treated in a private hospital, your private health insurer will also be involved.

Medicare

As a private provider South Australian Medical Specialists sets its own fees. Medicare pays you 85% of the scheduled fee for a private service. Please be aware that some services do not have a scheduled fee and therefore Medicare does not provide any rebate, and some services have a variable scheduled fee.

Medicare Safety Net

Medicare has recognised that many patients have high health care needs and therefore has introduced the Medicare Safety Net. With the Medicare Safety Net, once you or your family reach the threshold in a calendar year, Medicare will then also cover 80% of your out-of-pocket costs and above the rebate for the rest of the calendar year. Families and couples need to register for the Medicare Safety Net. Information regarding the Medicare Safety Net can be obtained by visiting a Medicare Office, phoning 13 20 11 or by visiting the website on www.health.gov.au.

Pharmaceutical Benefits Scheme and Safety Net

The Pharmaceutical Benefits Scheme is how the Government helps you with the cost of your medicines. It subsidises the cost of many medicines that are prescribed for you. In addition, there is the Pharmaceutical Benefits Safety Net, which helps those who have a high cost of medicines. Information about these schemes can be obtained from your pharmacist, by contacting the PBS information line on 1800 020 613 or by collecting a brochure from a Medicare office.

Tax Rebates

Some individuals and families may be eligible for a tax rebate in relation to their outlay of medical costs in a financial year. You should ensure that you retain all your medical invoices and receipts so that you can discuss this with your tax advisor.

Work Cover and Third Party Claims

Patients are responsible for organising and providing all necessary documentation for WorkCover or a Third Party claims prior to their appointment if they wish for WorkCover or a Third Party to cover the incurred costs. This includes providing documentation that confirms the approval of the claim. If this documentation is not provided or if approval is still pending on the date of the appointment, patients must pay any incurred costs upfront and subsequently seek reimbursement from WorkCover or a Third Party.

Department of Veterans Affairs

The Veteran **Gold** Card covers you for clinically required medical treatment in Australia for all medical conditions with a valid GP referral. Out of pocket payments may be incurred for some medical aids or equipment if necessary.

Veteran **White** Card Holders pay incurred fees in full and are advised to seek reimbursement from DVA themselves for their accepted service-related injuries or conditions.

PRIVACY CONSENT

To enable the ongoing provision of care and total quality improvement within this practice, and in keeping with the Privacy Act 1988 and Australian Privacy Principles (APPs), we wish to provide you with the information on the following page of how your personal and health information may be used or disclosed and record your consent or restriction to this consent.

Your personal and health information will only be used for the purposes for which it is collected, or as otherwise permitted by law. South Australian Medical Specialists collect information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs.

Collection of Information

We may seek to collect the following information:

- ❖ Full medical history and family medical history.
- ❖ Contact details and emergency contact details.
- ❖ Billing account details including Medicare/DVA/Private health fund details.
- ❖ Information on medical consultations, treatments and tests performed.

This information will normally be collected directly from you; however, there may be occasions when we will need to obtain information from other sources that may include:

- ❖ Other medical practitioners such as current/former GP's and specialists or other allied health providers.
- ❖ Your next of kin or nominated contact person.

Our practice staff and doctors may participate in the collection of this information. In emergency situations we may need to collect personal information from relatives and/or other sources where we are unable to obtain your prior consent.

Use and Disclosure

With your consent your information will be used in the following ways:

- ❖ Providing our health care services and other purposes consented to by the individual.
- ❖ Administrative purposes for running our medical practice including billing, payment processing and debt recovery.
- ❖ Processing of clinical transcription files or use of Artificial Intelligence (AI) programs to transcribe correspondence to referring doctors or any other necessary specialists via consultation audio. AI programme used is Australian owned and based with no private details recorded or stored.
- ❖ Communicating with and seeking records from other specialists, GP's, referring practitioners, or radiologists, allied health professionals, pharmacist, and any other necessary specialists in multidisciplinary discussions.
- ❖ Collected medical imaging may be stored on cloud-based servers.
- ❖ When we engage service providers, such as auditing, banking, debt collection, data processing, document management, research, investigation, insurance, website or technology services.
- ❖ For research and development projects using de-identified data from our electronic database to ensure the practice is performing at expected standards and contributing to research databases.
- ❖ Provide permission for my doctor or a representative of South Australian Medical Specialists to send medical correspondence, including medical records, to my personal email address provided on my patient information form. I acknowledge that the email address provided is my own personal email and any email received from South Australian Medical Specialists will be unencrypted*.

I acknowledge that as I am seeking private treatment, I accept that I am responsible for payment on the day of my consultation or test, and that fees may apply for missed appointments or late cancellations. I understand I will also be liable for any costs related to recovering overdue payments.

I have read and understood the Privacy Consent form regarding the collection and handling of my information by South Australian Medical Specialists. I recognise that providing information is not mandatory, but not doing so may affect the quality of healthcare provided.

Full name: *(please print)*

Signature:

Date:

If the patient is under 16 years of age or unable to sign themselves, this consent form must be signed by a legal guardian of the patient:

Guardian's full name:

Relationship:

Date of Birth:

Medicare Number:

Signature:

Date:

**Please note: An unencrypted email may be intercepted and read by a third party should your personal email account or provider be hacked. By authorising South Australian Medical Specialists to email private correspondence, you will take every precaution to ensure that there is no breach by a third-party. Your email address may appear in correspondence to your referring General Practitioner.*