



# Personal Information / Consent Form



**Belgravia**  
Medical Centre

## PERSONAL DETAILS

Title		Family Name		Given Name		Middle Name	
Preferred Name				Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender (Please Specify)	
Date of Birth	(Day)	(Month)	(Year)	Occupation		Pronouns	<input type="checkbox"/> he/him/his <input type="checkbox"/> she/her/hers <input type="checkbox"/> they/them/theirs <input type="checkbox"/> other _____
Marital Status		Religion		Country of birth		Indigenous status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither (non-Indigenous)
				Ethnicity			

## CONTACT DETAILS

Street Address			
(Unit/street No)	(Street Name)		
(Suburb)	(Post code)		
Mobile	Home Phone	Work Phone	Preferred contact via:
			<input type="checkbox"/> Mobile <input type="checkbox"/> Work phone <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Letter
Email address			

## MEDICARE / OTHER DETAILS

Medicare Number		Reference		Expiry	
Concession Card Number				Expiry	
<input type="checkbox"/> Health Care Card	<input type="checkbox"/> Pensioner Concession Card	<input type="checkbox"/> Commonwealth Seniors Card	<input type="checkbox"/> DVA		
Private Health Fund				Number	

## OTHER CONTACTS

Next of Kin Name				Relationship to you	
Phone (Home)		Work		Mobile	
Emergency Contact Name (if different to above)				Relationship to you	
Phone (Home)		Work		Mobile	

## GUARDIANSHIP ORDERS

Has a legal guardian been appointed for you? ☐ Yes ☐ No  
Is there a parenting order in place? ☐ Yes ☐ No  
Are there any existing court orders in place? ☐ Yes ☐ No

# Belgravia Medical Centre - Health Information Collection, Use and Disclosure Patient Consent Form

**Belgravia Medical Centre** collects information from you for the primary purpose of ensuring quality health care. You are required to provide your personal details and full medical history so that the medical practitioners may properly assess, diagnose and treat illnesses and medical conditions, ensuring a proactive approach in your health care. To enable ongoing care, and in keeping with the *Privacy Act 1988* and *Australian Privacy Principles*, please find details on how your personal and medical information may be used or disclosed; we will record your consent or restrictions to this consent. Information on the **Belgravia Medical Centre** Privacy Policy is available at Reception or can be viewed on the website.

Your personal and medical information will only be used for the purposes for which it was collected or as otherwise permitted by law, and your right will be respected to determine how your information is used or disclosed. The information may be collected by several different methods, and may include, but not limited to, medical test results, notes from consultations, Medicare details, data collected from observations and conversations with you, and details obtained from other health care providers (e.g. specialist correspondence). At all times your details are treated with the utmost confidentiality.

Your personal and medical information, may be used or disclosed by the practice for, but not limited to, the following purposes:

- Administrative purposes in the operation of general practice.
- Billing purposes, including compliance with Medicare requirements.
- Follow-up reminder/recall notices for treatment and preventative healthcare, frequently issued by SMS.
- Disclosure to others involved in your health care, including treating doctors, specialists and allied health professionals outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned following the referrals.
- Accreditation and quality assurance activities to improve individual and community health care and practice management.
- For legal related disclosure as required by a court of law.
- For disease notification as required by law (e.g. infectious diseases).
- For the purposes of research, including the publication of research results, only where de-identified information is used.
- Information used for medical research that serves an important public interest may require the use of identifiable medical records. Under guidelines issued by the Australian Government this data may be used for medical research without your consent. Before providing such identified information, your GP will discuss with you the information that they are obliged to disclose.
- To allow medical students and staff to participate in medical training/teaching using de-identified data.
- To comply with any legislative or regulatory requirements, e.g. notifiable diseases.
- For use when seeking treatment by other doctors within the practice. To assist in improving the quality of care we give
- For obtaining previous pathology and radiology results.

## CONSENT for Collection and Use of Personal and Medical Information:

I, (PLEASE PRINT NAME) \_\_\_\_\_, acknowledge that I have read and understand the reasons for collecting my information. I consent to its collection use and disclosure including communication via SMS to my mobile phone.

I understand that my information will be shared only as necessary and that I can withdraw or modify my consent at any time by notifying this practice in writing.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not patient signing - your name (PLEASE PRINT AND SIGN) \_\_\_\_\_

Your relationship to patient (e.g. Mother, father, guardian) \_\_\_\_\_

## PRACTICE USE ONLY:

- Witnessed by: (STAFF NAME) \_\_\_\_\_
- Signature: \_\_\_\_\_