



New Patient Information Form

This form is used to collect information both for statistical purposes, and to form the basis of your medical record.
You are required to read the information on the reverse of this form and sign your consent prior to returning this information to reception.

PATIENT INFORMATION

Title (please tick) Mr Mrs Ms Miss Master Dr Prof Other _____

Family Name _____ First Name _____

Known As _____ D.O.B _____

Gender: Male Female Please specify _____

For statistical purposes only, do you identify as an Aboriginal or Torres Strait Islander, or both?

(Please tick if appropriate) Aboriginal Torres Strait Islander Both

Address _____

Phone Home _____ Mobile _____

BAMS uses an SMS appointment reminder system. Please select if you do **NOT** wish to receive reminders via SMS

Email _____

Medicare No _____ (Ref No _____ Exp _____)

MyHealth electronic healthcare record (please tick) **Already registered** **Please register me**

Concessions (please circle) **Pens:Age/DSP** **HCC** **Seniors Card** (Exp _____)

Concession Card No _____ (Ref No _____ Exp _____)

DVA File No. _____ Entitlement No _____ EXP _____

White Specified (List Conditions) _____

PARENT / GUARDIAN (FOR PATIENTS UNDER 18 YEARS)

Name _____

Address _____

Phone Home _____ Mobile _____

NEXT OF KIN

Name _____ Relationship _____

Address _____

Phone Home _____ Mobile _____

WORKER'S COMPENSATION CLAIM / EMPLOYER DETAILS

Bawrunga Medical Service will only issue an invoice for worker's compensation on the receipt of the claim number.

Claim number _____

Insurer/ Employer _____

Contact name _____

Phone _____ Mobile _____

Please turn over to consent and acknowledgement

OFFICE USE ONLY Entered Signed _____ Date / /

Consent to Collect, Use and Disclose Personal Information

Bawrunga Aboriginal Medical Service (BAMS) endeavours to uphold the Australian Privacy Principles in collecting, maintaining and storing personal medical information in a private and secure manner. As a patient of BAMS, we ask that you provide us with your personal details and health information so that we may properly assess, diagnose, treat and be proactive in your health care needs.

We require your consent to collect, use and disclose your personal health information.

BAMS will collect your personal information for:

- Communications regarding treatments, notifications about recommended preventative health care services and appointments, and for accounting and billing purposes.
- The diagnosis and treatment of health conditions, including disclosure to other doctors in the practice, specialists, locums and other health care providers to ensure quality patient care.
- Accreditation and Quality Assurance activities within the practice, using de-identified aggregate patient health information.
- To allow medical students and staff to participate in medical training and teaching, using de-identified aggregate patient health information.

Disclosure of Personal Health Information

BAMS will not disclose your personal health information to a third party unless:

- You have consented to the disclosure.
- In accordance with the Privacy Act 1988, the disclosure is to your responsible carer, if you are physically or legally incapable of giving consent to the disclosure or for compassionate reasons, unless there is good evidence of your wish to the contrary.
- Where legally obliged to disclose the information (e.g., notification of certain infectious diseases, suspected child abuse).
- Disclosure is necessary to prevent a serious or imminent threat to an individual's life, health or safety or to prevent a criminal offence or seriously improper conduct.
- It is required for judicial, administrative or coronial proceedings or is requested under a court order or subpoena.
- It is the subject of a search warrant, or is required to help identify or locate a patient.

Full or partial access to your medical records may be refused in circumstances where:

- Disclosure of health information may result in physical or mental harm to you or any other person
- The information may impact on the privacy of other individuals
- Information relates to existing or anticipated legal proceedings

You have the right to decline to have your personal health information used in some of the ways outlined above, but this may limit our ability to manage your health care and to provide you with the best outcome.

You have the right to amend information that you believe is incorrect.

Consent

I consent to BAMS handling my information for the purposes set out above, and I understand that I can request a copy of the BAMS Privacy Policy at any time

Signed _____

(Patient or parent / legal guardian if under the age of 18 years)

Date _____