

## NEW PATIENT FORM (Please print clearly)

Date: \_\_\_\_\_

|    |   |   |
|----|---|---|
| 1  | Surname   |   |
| 2  | Given Names   |   |
| 3  | Title (Dr, Mr, Mrs, Ms)   |   |
| 4  | Date of Birth   |   |
| 5  | Gender  |   |
| 6  | Other Languages Spoken  |   |
| 7  | Residential Address   |   |
| 8  | Mailing Address (if different)  |   |
| 9  | Home Phone Number   |   |
| 10 | Work Phone Number   |   |
| 11 | Mobile Number   |   |
| 12 | E-mail  |   |
| 13 | Will you be happy to receive appointment reminders via SMS?                       |   |
| 14 | Next of Kin name, relationship and contact number                                 |   |
| 15 | Medicare Card   | Number and reference number   |
|    |   | Expiry  |
| 17 | Pensioner / Health Care Card  | Number  |
|    |   | Expiry  |
| 18 | Private Health Insurance  | Fund Name   |
|    |   | Number  |
| 19 | GP  |   |
| 20 | Will you be interested in taking part in clinical research or similar activities? |   |
| 21 | How did you hear about us?<br>(Please circle)                                     | GP    Internet    Friend    TV    Radio    Newspaper<br>Other _____ |

**Privacy Statement & Patient Feedback**

At Centurion Healthcare (Centurion), we are committed keeping your private information confidential. As part of the process of providing you with our services, we will need to collect personal information such as your name, address, date of birth, contact numbers, Medicare number, as well as health information from you and/or other healthcare providers (e.g. pathology laboratories).

Your personal and health information may be collected by clerical, allied healthcare and medical personnel employed or contracted by Centurion. We will hold and share your personal information on a need-to-know basis and for the purposes listed below. We will not disclose your personal information to any third party, except for the purposes described above or otherwise required by law.

- Provision of health services to you;
- Disclosure to third parties who may become involved in your health care, including doctors and insurers. This may occur through referral to other medical practitioners;
- Administration of our practice including billing both for Centurion and on behalf of other healthcare professionals providing you with services at our clinic, quality assurance including service-monitoring, planning, evaluation and accreditation activities;
- Fulfillment of legal and other regulatory requirements, including disclosure to Medicare, other relevant government bodies, Courts and judicial bodies, and to lawyers and insurers where actual or anticipated legal proceedings are involved;
- Fulfillment of regulatory requirement to maintain patient records.

### **How you can access your personal information**

You may request access to your personal information held by Centurion, except in circumstances stated under the Privacy Act or law (for example, where providing access will pose an unreasonable impact on the privacy of another individual). To make a request for access to your personal information, please contact our Practice Manager in writing. We will endeavour to acknowledge a request for access to personal information within 14 days and provide the information requested within 30 days.

### **Feedback**

We are here to provide with quality care. If you have any feedback for us, please do not hesitate to speak with our Practice Manager, or ask for a feedback form. Feedback can be provided anonymously.

## **PATIENT ACKNOWLEDGEMENT**

I acknowledge that:

1. The personal information I have provided in Centurion's New Patient Form and any patient questionnaires is to my knowledge true, accurate and complete.
2. I have read the Privacy Statement above and understand that provision of my personal information is necessary for Centurion to provide optimum health care to me.
3. I consent to Centurion collecting, storing, using and disclosing my personal information for the purposes set out above.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name