

**PATIENT INFORMATION SHEET – DR ROSS GOODHEART**  
**(PLEASE ANSWER ALL QUESTIONS **PLEASE PRINT**)**

HAVE YOU SEEN DR GOODHEART BEFORE?		HOW LONG AGO?
MR/MRS/MS/MISS/DR	SURNAME:	GIVEN NAMES:
DOB:	WHO IS RESPONSIBLE FOR ACCOUNT - SELF/OTHER: _____	
PHONE: HOME	WORK	
MOBILE:	EMAIL:	
ADDRESS:		
MEDICARE NUMBER:	YOUR HEALTH FUND:	
Dept of Veteran Affairs: DVA NUMBER (if applicable):		
YOUR OCCUPATION:		
YOUR GENERAL PRACTITIONER:		
REFERRING DOCTOR:		
PERSON TO CONTACT IN AN EMERGENCY:		
Name: _____		Relationship: _____
Telephone: Home _____	Mobile: _____	
Work: _____		
INSURANCE DETAILS: (IF A MOTOR VEHICLE OR WORKERS' COMPENSATION CLAIM)		
Name of Insurer: _____		Claim No: _____
Name of Employer: _____		Date of Injury: _____
<b>PLEASE NOTE: If the Insurer denies liability you will be deemed responsible for payment of all accounts.</b>		

**CONSENT:**

I provide my consent for Dr Ross Goodheart to collect, use and disclose my personal information as outlined in our privacy policy (**please see over for details**).

I provide consent for results to be sent to my referring doctor.

I provide consent for messages to be left with immediate family members/partner (eg appointment confirmation).

I understand that I am entitled to access my own health records except where access would be denied as outlined (see privacy policy overleaf for details).

I understand that I may withdraw my consent for use and disclosure of my personal information (except when legal obligations may be met).

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

*THANK YOU FOR YOUR TIME*

**This is the privacy policy for Dr Ross Goodheart. The Privacy Act 1988 requires medical practitioners to obtain consent from their patients to use or disclose the patient's personal information. This policy outlines how we will collect, store and use your medical information to provide you with the best possible medical care.**

**COLLECTION:** Collection of patient information will include:

- Full medical history
- Social history
- Contact details
- Family medical history
- Billing/account details
- Medicare/private health fund details

The information will normally be collected directly from you. There may be occasions when we need to obtain information from other sources, for example:

- Medical practitioners, such as former GPs and specialists
- Other health care providers, such as physiotherapists, psychologists, pharmacists, dentists and nurses
- Both our practice staff and the medical practitioner may participate in the collection of this information.
- In emergency situations we may need to collect personal information from relatives or other sources when we are unable to obtain your prior express consent.
- Hospitals and Day Surgery Units

**USE AND DISCLOSURE:** The information may be provided to people such as:

- Your referring doctor pertaining to your medical management
- To prevent or lessen a serious threat to an individual's life health or safety
- Where State or Federal law requires (ie notifiable disease).
- Referrals to other doctors
- Sending of specimens, such as blood samples
- Referral to a hospital or day surgery units for treatment
- Medicare or your private health insurance
- My medical indemnity organization if I am obligated to do this

#### **DATA SECURITY**

Information is stored securely in our office. Computer information is password protected. The records will be stored for the time advised or required by law.

#### **ACCESS AND CORRECTION**

The Privacy Legislation gives you a right of access to information in your records recorded or referred to after 21/12/2001. This request must be made in writing.

- It is our practice policy that we will take all steps to record all of your corrections and place them in your file, but will not erase the original records.
- We may charge for photocopying or for staff time involved in processing your request.

Access can be denied where:

- To provide access would create a serious threat to life or health.
- The access would unreasonably impact on the privacy of another.
- The information relates to anticipated or actual legal proceedings and you would not be entitled to access the information in those proceedings.
- Your request is frivolous.
- In the interests of national security.

**ANONYMITY:** On request patients have a right to request that they be treated anonymously where this is practical and lawful.

**SENSITIVE INFORMATION:** Sensitive information will only be collected with the patients consent, or where it is required by law or in other special specified circumstances.