



Norwood Specialist Clinic  
 48 Magill Road  
 Norwood SA 5067  
 T: 08 71600237  
 F: 08 82190123  
 E: manager@breathebetter.com.au  
 W: www.breathebetter.com.au

### Patient Information Form

To assist us in providing you with optimal care, we ask that you read the information contained within this pack and complete the registration forms before your first consultation appointment. The enclosed papers include our privacy policy, an outline of your rights and responsibilities, and patient registration forms.

<b>Title:</b> ..... <b>Given Name:</b> ..... <b>Surname:</b> .....	
Sex: Male / Female Date of Birth:    /    / Patient Address: ..... ..... ..... Telephone No: ..... Mobile No: ..... Email address: ..... Marital Status: ..... Occupation: ..... Language spoke: .....	Medicare No:..... Expiry Date: ..... / ..... Private health fund: ..... Private fund membership number: ..... Health Care Card No: 1..... Expiry Date: ..... /..... Pensioner Concession Card No: ..... Veteran Affairs No: ..... Health Concession Card No: ..... Veteran Affairs No: .....
Next of Kin: ..... Relationship of next of kin: ..... Next of Kin Phone No: .....	Emergency Contact (if different from next of kin): ..... Emergency Contact Phone No: .....
Name of your GP: ..... GP practice address: .....	Name of your referring specialist (if not your GP): ..... Specialist practice address: .....
Are you of Aboriginal or Torres Strait Islander heritage: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander	



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Please complete the following table to the best of your knowledge if you take medication/s. This will assist us with our screening processes to ensure we keep you safe.

Medication	Dosage	Frequency

Medication allergies	Reaction	Severity

### **Privacy statement & consent to collect information form**

This privacy policy is to provide information to you, our patient, on how your personal information (which includes your health information) is collected and used within our practice, and the circumstances in which we may share it with third parties. This policy is made in accordance with the Australian Privacy Principles (APPs), which were introduced into the Privacy Act 1988 (Cth) in March 2018.

**Adelaide Sleep and Respiratory Centre & Norwood Specialist Clinic, including our medical practitioners,** collects and holds the personal and health information that we need to provide the best possible treatment to our patients i.e. the information that we need to carry out our functions and activities as a high-quality health care provider.

As an organisation, **our principal concern is and always will be the health of our patients.** A **high level of trust and confidentiality** is required to ensure the confidence of the patients we serve. The Privacy Act and the APPs serve to complement our culture of integrity and confidentiality.

**Our policy is to inform you of:**

- The kinds of information that we collect and hold, which, as a medical practice, is likely to be 'health information' for the purposes of the Privacy Act;
- How we collect and hold personal information;
- The purposes for which we collect, hold, use and disclose personal information;
- How you may access your personal information and seek the correction of that information;
- How you may complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint;
- Whether we are likely to disclose personal information to overseas recipients

#### **Collection**

**The type of information we may collect and hold includes (but not limited to):**

- Your full name (first and last), address, date of birth, employment details, email/contact details (both home and work)
- Medicare number, DVA number and other government identifiers,
- Health Insurance details
- Other health information about you, including: notes of your symptoms or diagnosis, specialist reports, test results, appointment & billing details, prescriptions, genetic information and other information (e.g. race).

#### **Use & Disclosure**

**The purpose of our practice to collect hold, use and disclose your information includes (but not limited to):**

- To provide health services to you
- To help us manage our accounts and administrative services, including billing, arrangements with health funds, pursuing unpaid accounts, management of our ITC systems
- To communicate with other specialist in relation to the diagnostic or health service being provided to you
- To comply with our legal obligations, including, but not limited to, mandatory notification of communicable diseases or mandatory reporting under applicable child protection legislation.
- To obtain, analyse and discuss test results from diagnostic and pathology laboratories
- To assist in billing, payment processing and debt recovery;
- In response to orders of a court or tribunal, such as producing records in relation to court proceedings; and
- Reviewing the accuracy, upgrading and testing of patient medical record systems;

#### **Our commitments**

**Our team is trained and committed to protect your privacy. We have put in place reasonable steps to protect information held from misuse and loss and from unauthorised access, modification or disclosure. This includes:**

- Access to personal information restricted on a 'need to know' basis
- Holding your information in secure cloud storage
- Our staff and contractors sign confidentiality agreements
- Electronic format in protected information systems – password protected
- Our practice has document retention and destruction policies

#### **Accessing your medical record**

**You are entitled to access your health records at any time convenient to both yourself and the practice. Access may be denied in some situations:**

- To provide access would create a serious threat to life or health;
- Where there is a legal impediment to access;
- Where access would unreasonably impact on the privacy of another; and/or
- If the information relates to anticipated or actual legal proceedings & you would not be entitled to access the information in those proceedings

Where possible, your request for access should be made in writing. Where you dispute the accuracy of the information recorded you are entitled to seek to correct that information. While any corrections will be recorded in your file, the original record will not be erased.



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**In the event of breach of privacy**

Our policy in relation to any alleged breach of privacy is to investigate the allegation as soon as practicable after necessary details are provided in writing. This is to be done within 28 days following the complaint (unless for any reason additional time is required). Norwood Specialist Clinic and our medical practitioner(s) reserve the right whether to disclose the results of our investigation. We are committed to taking all necessary steps to ensure that any breaches of privacy which come to our attention do not occur again in future.

Anyone wanting to make a complaint to us about any alleged breach of privacy; to access their own personal information (including health information) held by us; to correct or update any information held by us concerning their own information; or to find out more about how we deal with personal information, can contact our practice manager at: [amy.sniedze@norwoodspecialistclinic.com.au](mailto:amy.sniedze@norwoodspecialistclinic.com.au); or via mail to Norwood Specialist Clinic (Attn: Practice Manager), 48 Magill Road, Norwood SA 5067.

**Consent**

- I have read the information above and understand the reasons why my information must be collected. I am also aware that the Norwood Specialist Clinic and associated medical practitioners have a privacy policy on handling patient information which is displayed on its website.
- I consent to the handling of my information by Norwood Specialist Clinic and associated medical practitioners for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice, which shall be included in this form.
- I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.
- I am aware of my right to access the information collected about me, except in some circumstances where access might be legitimately withheld. I understand I will be given an explanation in these circumstances.

SMS or email messages may be sent to your designated mobile number. SMS messages will be sent to you informing you of delays where these occur – if you prefer not to receive an SMS notification please inform one of our friendly Patient Services Team who are found at our reception counters.

**I understand that Normal Specialist Centre is authorized on my behalf to use my personal health information and I am free to withdraw my consent at any time by verbal or written notification.**

Full Name of Patient (please print):.....

Signature of Patient:.....

Print name and signature of Parent / Guardian (if patient under 18):.....

Date:.....