Patient Information & Consent Form

Coastal GENERAL PRACTICE

Quality, Family Oriented, Holistic Care

Billing Policy Disclosure

Coastal General Practice is a **private billing practice (NOT Bulk Billing)** for all patients. Accounts must be paid at the time of the consultation, and patients are responsible for payment of any children under the age of 16 years. Our standard appointment fees start at **$95.00 and vary based upon service and duration.** All our doctor services attract a Medicare rebate from the Australian government.

My Details

Surname/Family:		Medicare Card #:	__ __ __ __ __ __ __ __ __ __ __ __
First Name:		Medicare Individual Ref:	__
Middle Name:		Expiry:	__ __ / __ __
Preferred Name:		Other Health Card (circle)	• Health Care Card • Pension Card • Commonwealth Seniors Card
Date of Birth:			
Birth Sex:			
Gender (circle):	Male / Female / Other:	Card Number:	
Pronouns (circle):	He / She / They / Other:	Expiry:	
Country of Birth:		Dept of Vet Affairs Card Number:	
Occupation:		Colour (circle):	Gold / White
Email:		Interpreter Needed (circle):	Yes / No
Phone:		Aboriginal or Torres Strait Islander:	Yes / No / Other:
Address:		Ethnicity:	

	Next of Kin / Emergency Contact	FOR CHILDREN UNDER 16	
		Parent/Guardian 1	Parent/Guardian 2
		Same as Next of Kin ☐	
First Name:			
Surname:			
Date of Birth:			
Phone:			
Relationship:			

Consent

Coastal General Practice complies with the Privacy Act (1988) and as part of the Privacy Policy we are committed to protecting the privacy of individuals and their personal information. The purpose of collecting your personal information is to provide quality medical and health related services and associated account-keeping. This Medical Centre makes every effort to manage information in accordance with the National Privacy Principles and keep your records accurate and up-to-date. You have the right to request access to your information except where access would be denied. You may withdraw consent for this Medical Centre to use and disclose your personal information (except when legal obligations must be met). By signing this form you consent to:

- The above Medical Centre collecting, using, storing and disposing of your personal information.
- The release of information to other health professionals to allow quality medical care (e.g. specialist, pathologist.).
- The use of SMS for results information, appointment reminders and clinical use as the Medical Centre sees fit.
- Your inclusion in a recall register to be advised of follow-up visits, medical updates sand health information.
- The uploading of information to relevant government registers e.g. My Health Record
- In the case of a work-related service or insurer request, the release of personal information to your employer, their authorised representatives and/or relevant insurer.

I confirm that I have read, consent to, and understand the information in this Patient Information & Consent Form:

Name: _____ Signature: _____ Date: _____

If you wish to transfer your medical records to this practice, please complete the transfer request form over the page →

Request to Transfer Medical File/s from Previous GP

Coastal GENERAL PRACTICE

IMPORTANT - READ ME FIRST:

1. Your **previous GP may charge a fee** for the transfer of your medical file. Please liaise with your previous GP to confirm if this is the case.

2. It typically takes **1 month** for patient files to be transferred.

3. Any **patient over the age of 14** (mature minor) needs to complete and sign their own **separate transfer form**.

PREVIOUS GP'S CONTACT DETAILS
Practice Name:
Practice Address:
Phone:

PLEASE TRANSFER THE FOLLOWING PATIENT FILES:

Name	Date of Birth

Signature/Consent of Authorised Person

Signature: _____ Name: _____ Date: _____

Please transfer the **complete** medical files (including all correspondence) of the persons named below to Coastal General Practice (9447 0600) as **xml** files **via disc** or **email to** coastalgeneralpractice@gmail.com.