

# Registration Form



Morningside  
Specialist  
EYE CLINIC

## Patient Details

Title:

Surname:

Given Name(s):

Date of Birth (DD/MM/YYYY):

Residential Address:

Postcode:

Postal Address (if different from above):

Postcode:

Home Phone:

Work Phone:

Mobile:

Email:

Occupation:

Country of Birth:

Languages Spoken

Are you of Aboriginal and/or Torres Strait Islander descent?  Yes  No

### If patient is a child under 18 years:

Parent/Guardian full name:

Date of Birth (DD/MM/YYYY):

Do you have the same Medicare card?  Yes  No

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Medicare Number:

Ref Number:

Expiry Date (MM/YY):

Pension Card/Health Care Card Number:

Expiry Date (MM/YY):

Veteran Affairs Number:

Gold/White Card:

## Private health fund details

Name of Insurer:

Membership Number:

## Emergency contact

Full Name:

Relationship to Patient

Phone Number:

## General practitioner details

Doctor's Name:

Phone Number:

Address:

## Optometrist details

Name:

Phone Number:

Address:

Is this consultation related to workers' compensation?  Yes  No

Is this consultation related to a TAC claim (VIC only)?  Yes  No

Claim Number:

Date of Accident (DD/MM/YYYY):

Name of Insurer:

How did you hear about Mornington Specialist Eye Clinic?

GP  Optometrist  Relative/friend  Internet  Other ( (please specify):



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Specialist  
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## Privacy policy and observation consent

By signing this form, I acknowledge that:

- I have been provided with access to the Mornington Specialist Eye Clinic (MSEC) Privacy Policy (available at [moringtoneyespecialist.com.au/privacy-policy/](http://moringtoneyespecialist.com.au/privacy-policy/)).
- I am aware MSEC will store and use my records in the ways described in the policy.
- If I wish to access my medical records, I must make a written request to MSEC and I am aware that an administrative fee may be incurred.
- I am aware that MSEC has the ability to send correspondence to my current referrer electronically and that every effort will be made to ensure the security of my data.
- I agree to receiving electronic correspondence to the email address and mobile phone number provided on this form.
- I understand that correspondence or data relating to my care may be sent to relevant health authorities.

## Third-Party Consent

I give permission for my carer/relative/friend to discuss my personal information (e.g. appointments, invoices, medical information) with clinic staff and I give permission for MSEC to provide this information to my carer/relative/friend.

Yes

No

## Fees

MSEC is a private eye clinic and there will be costs associated with your appointment that relate to diagnostic testing required by your doctor to assess your eyes. The cost of these tests is not always claimable through Medicare and is payable in full on the day of your appointment. Consultation fees are eligible for a Medicare rebate if you have a current referral letter from your GP or optometrist.

By signing this form, you acknowledge that fees are payable on the same day.

Please advise staff if you do not agree to any of the above.

Patient/Guardian Printed Name:

Patient/Guardian Signature:

Date:



# Privacy Policy

## **MORNINGTON SPECIALIST EYE CLINIC PRIVACY POLICY**

This document sets out how MSEC complies with its confidentiality and privacy obligations. As an Organisation providing healthcare, Mornington Specialist Eye Clinic is required to comply with the Federal Privacy Act (1988), which incorporates the 13 Australian Privacy principles (APP's) and state acts in respect of handling and managing health records.

On request the Clinic will let you know, generally, what sort of personal information is held, for what purposes and how we collect hold and disclose information.

### **Collection of information**

In order to provide healthcare Doctors and Staff at MSEC are required to collect information about you. Your health record helps identify and plan how best to treat and help you. We only ask for information relevant to providing our services to you, although this is mostly medical some information is also needed for administrative purposes. Some of the requirements around collection of your health information include meeting certain requirements:

- with your consent; or
- The collection is required, authorised or permitted by law or law enforcement purposes; or
- The information is received through an appropriate disclosure by another Organisation such as an other health service provider with your consent; or
- The collection is necessary to prevent or lessen a serious threat to life, health or safety of an individual or the public.

### **What happens if you do not provide health information?**

If we do not have accurate or complete information, we may not be able to provide you with the appropriate level of care and service.

### **Anonymity**

You have the right to be dealt with anonymously or through the use of a pseudonym as long as it is lawful and practicable. FOR medical matters this is not likely to be practical for Medicare and health insurance purposes.

### **How do we obtain your information?**

We collect the information that:

- you provide us with;
- others provide us with your consent;
- that is provided by a health service provider who refers you to the clinic.

### **What kinds of information are collected and held?**

The information that the doctors and staff collect includes:

- your name, date of birth, email address, postal address, telephone number
- Medicare, DVA and/or health fund details and number (as applicable/needed)
- reason for attendance
- symptoms
- medical history
- examination and test results
- diagnosis
- treatment and care information
- admission and registration information

### **How do we use and disclose your information?**

The information that we collect is used to:



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- help provide your healthcare at the time you visit us;
- provide follow up treatment and ongoing care;
- provide you with standard reminders eg follow-up. These can be by SMS, letter or phone and need the information that you have provided us with
- generate letters to your referrer and others looking after you;
- refer you on to other healthcare providers, where needed;
- allow us to administer the clinic, to process health fund, Medicare and/or DVA claims;
- for internal administration, including billing. This may include provision to external debt collection agencies for outstanding accounts;
- accreditation activities:
- addressing liability indemnity arrangements with insurers, medical defence organisations and lawyers;
- provide information for any existing or anticipated legal proceedings;
- we may use de-identified patient information our database or document review as part of our process of measuring outcomes and quality improvement. This may include images, results and / or data for use in research or presentations;
- for a directly-related secondary purpose that would have been within the reasonable expectations of the patient.

## **Transfer of data out of Australia.**

Morningsong Specialist Eye Clinic will take steps to protect patient privacy in the event that any information is sent overseas or interstate and will only transfer your information outside of Australia when:

- you have given your consent to this or requested it;
- The transfer is necessary as part of an agreement between yourself and MSEC

## **When information can be disclosed without your consent**

We will not disclose your health information to a third party without your consent, unless:

- the disclosure is directly related to the primary purpose of collection;
- in an emergency situation where release of information is necessary to aid medical treatment; or
- We are required by law to disclose the information (e.g. reporting of communicable diseases).

## **Access to and updating your personal information.**

You may request access to your personal information held at MSEC. The request must be made in writing. MSEC will need to be confident that the information is from yourself or another person who has authority to make a request on your behalf.

An identity document will need to be sighted to verify your identity or if you are authorising another to get access on your behalf, then a signed letter of authority and confirmation of your identity will be required prior to release of your personal information.

Where necessary you can also request an amendment or update to your information where you believe that it may contain inaccurate or out-of-date information. Please let the practice manager know about this. Clinic details can be found on our website.

Where necessary you can also request an amendment to your personal information your record if you believe that the information is inaccurate. These requests should be made in writing. If Morningsong Specialist Eye Clinic does not



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agree to change your personal information in accordance with your request you will be notified and we will permit you to make a statement of the requested changes and will keep the request within your record.

There are some conditions when access to data is restricted, and in this case reasons for denying access will be explained.

The clinic acknowledges the right of children to privacy of their health information.

## **How MSEC holds your information.**

Morningsong Specialist Eye Clinic takes all necessary and reasonable steps to ensure that your personal information is secure, accurate, complete and up-to-date.

Your health information may be stored electronically or as hard copies. It is also necessary for administrative purposes. Following a visit to a medical specialist it is normal to send information to your referrer and/or other nominated health practitioner. This is generally accepted practice in healthcare and helps all those looking after you to know what diagnoses have been made and what treatment and tests have been considered.

If the details of any of your doctors or healthcare providers changes, please let our staff know so that we can update your records.

Although we make every effort to ensure the security of data transfer, you should know that some of this information may be sent unencrypted. If you don't want your information to be sent to your referrer, please let our staff know so that our staff can make the necessary arrangements.

## **Definitions**

**Consent:** means expressed or implied consent. The four key elements of consent are:

- that an individual is adequately informed before giving consent;
- that an individual gives consent voluntarily;
- the consent is specific and current
- the individual has the capacity to understand and communicate their consent.

Willingly provided information is usually sufficient to imply consent to the collection of information.

**Expressed consent:** is given explicitly (orally or in writing).

**Implied consent:** is when consent may reasonably be inferred in the circumstances from the conduct of MSEC and the individual.

**Health Information:** all identifying "personal information" collected through provision of healthcare services. This is classified as "sensitive information" by the APP.

**Personal Information:** any information or opinion about you, where your identity is apparent or can reasonably be ascertained.