



Queen Street Medical Centre

## New Patient | Information Form

Title: Mrs  Mr  Miss  Master  Dr  Ms

Pronouns: She/Her/Hers  He/Him/His  They/Them/Theirs

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Known As \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender Identity: Male  Female  non-Binary  Gender-Diverse  Transgender

Different Identity  Rather not say

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Do you consent to SMS reminders: Yes  No

Do you identify as: Aboriginal  Torres Strait Islander  both Aboriginal & Torres Strait Islander

Neither

Medicare No \_\_\_\_\_ Ref No. \_\_\_\_\_ Exp \_\_\_\_\_

Concessions (please select)  Pension (Age, DSP)  HCC  Senior's Card

Concession Card No \_\_\_\_\_ Ref No \_\_\_\_\_ Exp \_\_\_\_\_

DVA File No. \_\_\_\_\_ Entitlement No \_\_\_\_\_ Exp \_\_\_\_\_

DVA White Card (list conditions) \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Family Medical History | Past History \_\_\_\_\_

Alcohol Yes  No  Tobacco Yes  No

Next of Kin \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

## Your Consent to Collect, Use and Disclose Personal Information

Queen Street Medical Centre (QSMC) aims to protect the privacy and secure storage of your health information. You can request a copy of our privacy policy, which includes information about the collection, use and disclosure of your health information.



Queen Street Medical Centre

### QSMC will collect your personal information for:

- Communications regarding treatments, notifications about recommended preventative health care services and appointments, and for accounting and billing purposes.
- The diagnosis and treatment of health conditions, including disclosure to other doctors in the practice, specialists, locums and other health care providers to ensure quality patient care.
- Accreditation and Quality Assurance activities within the practice, using de-identified aggregate patient health information.
- To allow medical students and staff to participate in medical training and teaching, using de-identified aggregate.
- Patient health information.

### Disclosure of personal information

- QSMC will not disclose your personal information to a third party unless:
- You have consented to the disclosure.
- In accordance with the Privacy Act 1988, the disclosure is to your responsible carer, if you are physically or legally incapable of giving consent to the disclosure or for compassionate reasons, unless there is good evidence of your wish to the contrary.
- Where legally obliged to disclose the information (e.g., notification of certain infectious diseases, suspected child abuse).
- Disclosure is necessary to prevent a serious or imminent threat to an individual's life, health, or safety or to prevent a criminal offence or seriously improper conduct.
- It is required for judicial, administrative, or coronial proceedings or is requested under a court order or subpoena.
- It is the subject of a search warrant or is required to help identify or locate a patient.
- Full or partial access to your medical records may be refused in circumstances where:
- Disclosure of health information may result in physical harm or mental harm to you or any other person
- The information may impact on the privacy of other individuals
- Information relates to existing or anticipated legal proceedings

You have the right to decline to have your personal health information used in some of the ways outlined above, but this may limit our ability to manage your health care and to provide you with the best outcome.

I consent to QSMC handling my information for the purposes set out above, and I understand that I can request a copy of the QSMC Privacy Policy at any time.

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_