

Registration Details

Please fill in the information below and return it by **email, fax or mail to confirm your appointment**. Please call us if you would like to cancel your appointment.

Surname: _____ Title: _____

Given Names: _____

Preferred Name: _____ Date of Birth: _____

Address: _____

Suburb/Town: _____ Postcode: _____

Occupation: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

*Referring Doctor: _____

Regular GP (If different to above): _____

**Health Fund: _____ Membership No.: _____

Medicare No.,: _____ Ref No. & Expiry Date: _____

Partner's Name: _____

Partner's mobile _____

Next of Kin Details (if not partner)

Name: _____

Relationship to you: _____ Mobile phone: _____

If we need to contact you we will call your mobile first. Please indicate if you are happy to receive messages by the following:

Voicemail / Answering Machine: Yes No N/A

SMS: Yes No N/A

Email: Yes No N/A

*Medicare requires that you have a current referral to obtain the rebate for a specialist consultation. Referral letters are usually valid for one year unless your doctor specifies otherwise. It cannot be obtained retrospectively. A referral from another specialist is only valid for three months.

**Please ensure that your membership will cover you for any potential hospital treatment. For example, a pregnancy, depending on the provider, may only be covered after 12 months of membership.

Payment on the day is required for all consultations.

Patient declaration

I declare that I understand and comply with the above and that the information I have provided is true and accurate.

Signature: _____	_____	Date: _____	_____
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Dr Chris Nichols
MBBS FRANZCOG

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Wexford Medical Centre
St John of God Hospital
3 Barry Marshall Parade
Murdoch WA 6150

t. 08 9332 5276
f. 08 6316 3321

e. reception@sogi.com.au

Healthlink address. cnichols

PRIVACY INFORMATION

In order to provide quality medical care this medical practice collects, records and stores information about you.

The information is used for:

- ❖ providing of your medical care (i.e. looking after your medical conditions);
- ❖ quality assurance in my practice (i.e. checking that I do a good job); and
- ❖ for administrative and billing purposes (including debt collection).

The information may be provided to other people such as:

- ❖ the appropriate staff in a hospital in which I care for you;
- ❖ your other doctors as needed to provide good medical care;
- ❖ where State or Federal law requires (i.e. notifiable diseases);
- ❖ to my medical indemnity organisation if I am obligated to do this; and
- ❖ where Medicare or your private health insurer requires this.

Information is stored securely in our locked rooms. Computer information is password protected. The records will be stored for the time advised or required by law (7 years - most gynaecology; 23 years - obstetrics, over 70 years for some issues covered in the Reproductive Technology Act).

When communicating with you by phone the following will occur:

- ❖ If you have a mobile or direct phone line we will ring you and refer to you by your first name when we need to provide information.
- ❖ If you do not have a mobile or a direct line we will need to ask for you and then tell you to ring us back to receive any information (unless you indicate that you are happy to speak to us at that time).
- ❖ In order to avoid giving out information about you when talking to theatre or anaesthetist while booking operations; we may need to defer this communication until the rooms are empty or fax/email your information. This means we may not be able to give you details at that time; for instance the day of an operation being booked for you or who the anaesthetist will be. Again, if you are happy for this to be done by phone at the time then please tell us.

Note that I need you to indicate on your booking form whether or not we can leave messages on your voicemail, SMS and/or email. If you do not do this then I will communicate by letter.

If you do not wish information to be recorded or stored; or if you do not wish

any particular information to go to any particular person/organisation mentioned above then you must tell me.

You must also tell me if you consider that you are seeing me for a different condition that you have seen me before as a new consent would be required.

The Privacy Legislation gives you a right of access to information in your records recorded or referred to after 21/12/2001. This will be available to you if requested. In these circumstances the information will not usually be available immediately; we may request that you define the scope of your request. You may need to see me professionally if you require interpretation of results or raw information, and there may be a charge for our costs in complying with your request. You may have information amended if you believe that information is not accurate (though I'd prefer you do this by giving me accurate information and keeping me updated). Release of such information does not imply your right to copy or publish intellectual property over which I have copyright (such as opinions in letters).

I require you to sign the declaration below to indicate that you have read and understood this information before I can see you.

Dr Chris Nichols

I have read and understood the above privacy information and agree to the points raised in it. I will inform Dr Nichols in writing if I do not wish information to be recorded or stored.

<i>Patient name:</i>	
<i>Signed:</i>	
<i>Date:</i>	

A copy of the practice's Privacy Policy is available on the practice website or upon request.