



Patient Details

Title	First Name	Surname	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 1	Address 2		Suburb	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
State	Postcode	School/ Creche	Year Level	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Mobile Phone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Parent/ Guardian Details

Parent 1

First Name

Surname

Occupation

Date of Birth

Email

Mobile

Parent 2

First Name

Surname

Occupation

Date of Birth

Email

Mobile

Account Holder (if not Parent 1 or 2)

First Name

Surname

Occupation

Date of Birth

Email

Mobile

Medicare Details

Card Number <input type="text"/>	Patient Position <input type="text"/>	Parent Position <input type="text"/>
Do you have private health insurance? If yes, →	Name of Fund <input type="text"/>	Membership Number <input type="text"/>

Referring Dr Details

Name <input type="text"/>	Phone <input type="text"/>	Provider No <input type="text"/>	Address <input type="text"/>
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GP's Details

Same as referring doctor

Name <input type="text"/>	Phone <input type="text"/>	Provider No <input type="text"/>	Address <input type="text"/>
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Please Complete Page 02 →



How did you hear about MACCS?

- GP Referral Internet Search School Friend/ Family Maternal Nurse Other

Privacy Information and Consent

Please carefully read the following information about privacy issues and fees structure, then sign this form where indicated below.

Privacy issues

The main reason why information is collected by this practice is so that we can assess, diagnose and treat your illness and to be proactive in your health care needs. This means that we will use the information you provide in the following ways:

Administrative purposes in running the medical practice

Billing purposes, including compliance with Medicare and Health Insurance Commission requirements

Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in reports or results returned to us following the referrals.

Patient/guardian's acknowledgement

I have read this form and understand why collecting information about me is necessary. I am also aware that this practice has a privacy policy on handling patient information.

I understand that I am not obliged to provide any information requested of me. I also understand that failure to provide this medical practice with all the information it needs may restrict the practice's ability to provide the quality of health care and treatment that I want.

I am aware that I have the right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure about which I notify this practice now or at any future time.

I acknowledge that I have read this form before signing it and that a member of the staff of this practice has at my request clarified any aspects of it that I did not at first understand.

Fees structure

I understand that the cost of consultation is above the Medicare schedule fee, which means that I will incur an out-of-pocket expense. I have been shown a copy of the fee structure in the patient appointment letter. I agree to pay this account at the time of consultation.

Signed	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

* DOB is collected for the purpose of Medicare Online claiming



MACCS Patient Email Consent Form

Risk of Using Email

MACCS Medical Group offers patients and other individuals the opportunity to communicate via Email. However, transmitting patient information via Email has several risks that should be considered. These include, and are not limited to, the following risks:

Email can be circulated, forwarded, and stored in numerous paper and electronic files.

Email can be immediately broadcast worldwide and be received by many intended and unintended recipients. Email senders can easily misaddress an Email.

Email is easier to falsify than handwritten or signed documents.

Backup copies of Email may exist even after sender or recipients have deleted their copy.

Employers and on-line services have a right to archive and inspect Emails transmitted through their systems. Email can be intercepted, altered, forwarded, or used without authorization or detection.

Email can be used as evidence in court.

Conditions for the Use of Email

MACCS Medical Group will use reasonable means to protect the security and confidentiality of Email information sent and received. However, because of the risks outlined above, MACCS Medical Group cannot guarantee the security and confidentiality of Email communication, and will not be liable for improper disclosure of confidential information that is not caused by MACCS Medical Group's intentional misconduct. Thus, individuals must consent to the use of Email for information.

Consent to the use of Email includes agreement with the following conditions:

All Emails to or from MACCS Medical Group's patients concerning diagnosis or treatment will be printed out and made part of patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those Emails. MACCS Medical Group may forward Emails internally to the practice's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. MACCS Medical Group will not, however, forward Emails to independent third parties without the patient's prior written consent, except as authorized or required by law.

Although MACCS Medical Group will endeavour to read and respond promptly to an Email, MACCS Medical Group cannot guarantee that any particular Email will be read and responded to within any particular period of time. Thus, no one shall use Email for medical emergencies or other time-sensitive matters.

If the individual's Email requires or invites a response from MACCS Medical Group, and the individual has not received a response within a reasonable time period, it is the individual's responsibility to follow up to determine whether the intended recipient received the Email and when the recipient will respond.

Individuals are responsible for informing MACCS Medical Group of any types of information that they desire not to be sent by Email, in addition to those out in the above paragraph.

The individual is responsible for protecting his/her password or other means of access to Email. MACCS Medical Group is not liable for breaches of confidentiality caused by the individual or any third party. MACCS Medical Group shall not engage in Email communication that is unlawful, such as unlawfully practicing medicine across state lines.

It is the individual's responsibility to follow up and/or schedule an appointment if warranted.

Communicating by Email

To communicate by Email, patients and other individuals shall:

Limit or avoid the use of his/her employer's computer.

Inform MACCS Medical Group of changes in his/her Email address.

If the sender is a patient of MACCS Medical Group, to put the patient's name in the body of the Email.

Review the Email to make sure that it is clear and that all relevant information is provided before sending to MACCS Medical Group. Take precautions to preserve the confidentiality of Email, such as using screen savers and safeguarding his/her computer password. Withdraw consent only by Email or written communication to MACCS Medical Group.

Acknowledgment and Agreement

I acknowledge that I have read and fully understood this consent form. I understand the risks associated with the communication of Email between MACCS Medical Group and me, and consent to the conditions outlines herein. In addition, I agree to the instructions for communicating by Email outlined herein, as well as any other instructions that MACCS Medical Group may impose to communicate using Email.

Please tick if you do NOT want email correspondence