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PATIENT REGISTRATION FORM

| <form> Tele Address 1: ODB:</form> | 1. PATIENT DETAILS | | | | | | |
|--|--|---------------|--------------|---------------------------------------|-------------|------|--|
| Submane: Suburb: Home phone: School // Creche: State: Postcode: Work phone: Yaar Levit: Mobile Phone: Mobile Phone: 2 PARENT / GUARDIAN DETALS Mobile Phone: Mobile Phone: 2 PARENT / GUARDIAN DETALS Parent 1 Account Holder (if not Parent 1 of 2) First Name: Sumame: Sumame: Sumame: Sumame: Coccupation: Coccupation: Coccupation: ToDB: ToDB: 1008: Nobile Mobile Mobile: Parent Postor 3 Mobile Mobile Parent Postor Parent Postor 1008: Nobile Mobile Parent Postor Parent Postor 3 Mobile Mobile Parent Postor Parent Postor 1009: Mobile Mobile Parent Postor Parent Postor <td< td=""><td>Title:</td><td colspan="2">Address 1:</td><td>DOB:</td><td>ŀ</td><td>Age:</td></td<> | Title: | Address 1: | | DOB: | ŀ | Age: | |
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| Address: Address: Phone: Phone: Provider no: Provider no: 4. How did you hear about MACCS? Provider no: Please tick the most applicable: | Referring Dr Details | GP's Details: | 6 | | | | |
| Phone: Phone: Provider no: Provider no: 4. How did you hear about MACCS? Provider no: Please tick the most applicable: Provider no: GP Referral Internet Search School Final Internet Search School Final Internet Search School Final 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: 1. Administrative purposes in running the medical practice Biling purposes, including compliance and Health Insurance Commission requirements 3. Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referrals. Patient/guardian's acknowledgement 1. 1. I have read this form and understand why collecting information requested of me. I also understand that failure to provide this medical practice with all the information object do any other purpose set in comes the information object do about me, exceed his nome circumstances where access might legitimately be withheld. I understand that I am not obliged to provide any other purposes etch in and treatatment that I ward. | Name: | Name: | Name: | | | | |
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| | 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, 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 that if mn y information is to be used for any other purpose other than set out above, subject to any limitations on access or disclosure about which I notify this practice on 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. | | | | | | |
| * DOB is collected for the purpose of Medicare Online claiming | | | | | Date: | | |