mpo
Mornington Peninsula
OBSTETRICS

MORNINGTON PENINSULA OBSTETRICS

Suite 5, The Bays
Consulting Suites
262 Main Street
Mornington Vic 3931
Ph: 03 5970 5353
Fax: 03 5976 4875

Registration Form

Title ____________________ Surname ____________________

First Name ____________________ Previous Surname (if applicable) ____________________

DOB ____________________ Occupation ____________________

Address ____________________

Suburb ____________________ Post Code ____________________

Mobile Ph. ____________________ Home Ph. ____________________

Work Ph. ____________________

Email ____________________

Medicare card No. ☐☐☐☐☐☐☐☐☐☐ Ref. ☐ Exp. ____________________

Do you have private Hospital Cover? Yes / No

Health Insurer ____________________ Member No. ____________________

Pension/HCC No. ____________________ DVA No. ____________________

Partner/Spouse ____________________ DOB ____________________

Occupation ____________________ Mobile Ph. ____________________

OR

Emergency Contact ____________________ Contact No. ____________________

Usual GP ____________________ Clinic Name ____________________

ACKNOWLEDGEMENT OF CONSENT

By signing this form, I accept the following:

Privacy Legislation Consent

We require your consent to collect and share personal information about you. Please read information overleaf prior to signing.

Financial Consent

Payment on the day of consultation is appreciated and I am aware that it is my responsibility to pay for the services recommended and provided by this practice as requested.

Signed ____________________ Date ____________________

Name (PLEASE PRINT) ____________________

Privacy Legislation Consent Form

We require your consent to collect and share personal information about you.
Please read this information carefully, and sign where indicated below.

This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us your personal details and a full medical history so that we may properly assess, diagnose, treat you, and be proactive in your health care needs. This means we will use the information you provide in the following ways:

- Administration purposes in running our medical practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Disclosures by fax, letter or electronically to others involved in your healthcare, including treating doctors and allied health professionals outside this practice. This may occur through referral to other doctors, allied health providers or to arrange medical investigations, as well as disclosures to your referring practitioners
- Disclosures to health insurance providers in instances where you choose to have your care covered by your insurer
- Disclosures to other third parties who are not involved in your care (such as family members, legal or government agencies, other practitioners) will only occur with your specific additional consent, other than in circumstances where the mandatory reporting of this information is a requirement of State or Federal Law
- Data regarding any treatment or outcomes is collected and audited as part of monitoring the quality of our care, and may be presented, reported or shared with other clinicians or medical organisations without containing any personal or identifying information about you

If you have further questions about the details of these disclosures, feel free to ask us

I have read the above information and understand the reasons why my information must be collected. I am also aware that this practice has a privacy policy and that my information will not be discussed in ways other than that described above.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so may compromise the quality of my care.

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

I understand that if my information is to be used for other purposes other than that 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 that I notify this practice of.