

Cardiology Associates

Suite 9, 20-24 Gibbs Street, Miranda.
Suite 2, 1032 Old Princes Highway, Engadine.

STRICTLY CONFIDENTIAL

PLEASE WRITE YOUR NAME AS IT APPEARS ON YOUR MEDICARE / DVA CARD

Mr / Master / Mrs / Ms / Miss/Other:.....

SURNAME:.....

FIRST NAME:..... SECOND NAME INITIAL:.....

PREFERRED FIRST NAME:.....

ADDRESS:.....

SUBURB:.....POSTCODE:.....

POSTAL ADDRESS:.....

PH: (home)..... (work)..... (mobile).....

DATE OF BIRTH:..... OCCUPATION:.....

EMAIL ADDRESS:.....

MEDICARE NUMBER(10 digits):_ _ _ _ _ Reference No: _ (number in front of
your name)

PENSION NUMBER:.....

HEALTH FUND:..... Member No:.....

VETERANS' AFFAIRS NUMBER:..... Card Colour:

REFERRING DOCTOR.....

LOCAL GP

CONTACT PERSON:.....RELATIONSHIP:.....

PHONE: (home)..... (mobile).....

Privacy Information

Please circle Yes or No:

I have read the Privacy Information provided (PTO) Yes / No

I understand that my information will be held by my doctor Yes / No

I am happy for reports on my condition to be sent to my referring doctor Yes / No

I am happy for copies to be sent to health professionals involved in my care Yes / No

Signature:.....Date:.....

Cardiology Associates Pty Ltd – Privacy Policy

Introduction

Cardiology Associates Pty Ltd is continually committed to protecting the privacy information and handling of your personal information in accordance with the Privacy Act 1988, The Privacy Amendment (Enhancing Privacy Protection) Act 2012, The Australian Privacy Principles and State and Territory Privacy Legislation.

Collection of information

Cardiology Associates Pty Ltd collects information required to provide your medical requirements and treatment. This information may include your name, address, date of birth, contact details, gender, health information and family history. This information is stored in our computer medical practice software.

Wherever feasible, Cardiology Associates Pty Ltd will only collect information from you personally. At times we may need to collect your personal information from other medical parties such as treating specialists, radiologists, pathologists, hospitals and any other relevant health care providers.

In case of an emergency Cardiology Associates Pty Ltd may need to contact your relatives or family.

Use and Disclosure of information

Cardiology Associates Pty Ltd is committed to treating your personal information as strictly private and confidential. Your information will only be used and disclosed for purposes directly related to your care and treatment, or on ways that you would reasonably expect that Cardiology Associates would use the information for your ongoing care and treatment.

Circumstances may arise where we may be permitted or required by law to disclose your personal information to third parties. These may include Medicare, Police, Insurers, Solicitors, Tribunals, Courts of Law, Hospitals. From time to time third parties may ask Cardiology Associates Pty Ltd to provide statistical data for purpose of research.

Access to your information

You are entitled to request access to your medical information/records. We ask that you put your request in writing. The staff will need to liaise with the doctors about the release of requested information.

There may be a fee of administrative costs of retrieving and providing copies of your medical file.

Cardiology Associates Pty Ltd may deny you access to your medical information/records in certain circumstances permitted by law, an example of these are disclosure may cause a serious threat to your health and safety. You will be informed in a reasonable time why you have been denied access.

Full Privacy Policy:

If you would like to read the extended version of the Privacy Policy please inform the staff.