



Patient Information Form

Patient Information

(MR / MRS / MISS / MAST) _____ SURNAME _____ SEX M / F / OTHER

GIVEN NAME/s _____ D.O.B ____/____/____

ADDRESS _____

POSTCODE _____

PHONE (HOME) _____ (WORK) _____ (MOBILE) _____

Do you consent for us to send you SMS reminders? (Please circle) YES | NO

EMAIL _____

Do you consent for us to send you emails via our secure email system? (Please circle) YES | NO

Billing Details

MEDICARE NUMBER _____ EXPIRY ____/____ REF NO _____ (NEXT TO NAME)

If the patient is under 18 years of age, the following information is required by Medicare:

PARENT/CAREGIVER NAME _____ PARENT/CAREGIVER DOB ____/____/____

MEDICARE NUMBER _____ EXPIRY ____/____ REF NO _____

PENSION CARD _____ EXP ____/____

HEALTH CARE CARD _____ EXP ____/____

DEPT OF VETERAN'S AFFAIRS (DVA) _____ GOLD / WHITE (PLEASE

CIRCLE) DO YOU HAVE PRIVATE HEALTH INSURANCE THAT INCLUDES HOSPITAL COVER? YES | NO (PLEASE CIRCLE)

HAVE YOU HELD YOUR PRIVATE HEALTH INSURANCE FOR AT LEAST 12 MONTHS? YES | NO (PLEASE CIRCLE)

FUND NAME _____ MEMBER NUMBER _____

Emergency Contact

NAME _____

PHONE _____ RELATIONSHIP _____

Referral Details

USUAL GP _____ CLINIC _____

OTHER CARE TEAM _____ CLINIC _____

Fee Information

INITIAL CONSULTATION	\$ 270.00 (MEDICARE REBATE OF \$80.85)
SUBSEQUENT CONSULTATION	\$135.00 (MEDICARE REBATE OF \$40.65)
NASENDOSCOPE CLEANING FEE	\$25 (NON MEDICARE REBATABLE)

We require full payment on day of consultation. Additional charges may be incurred for diagnostic procedures performed during the consultation. **If you require an examination with the flexible fibroscope, there will be an additional charge to cover the cost of sterilising the scope of \$25. This is not claimable from Medicare/Private Health Fund or Veteran's Affairs.**

While every effort is made to make patients aware of the need for a new referral, it is ultimately patient responsibility to ensure their referral is valid and current. If you are unsure, please ask Dr Hodge's secretary.

****Please note, Dr JC Hodge does not see WorkCover patient or medicolegal claims****

Personal Information Privacy Policy

Integrated Clinical Oncology Network Pty Ltd and its subsidiaries (the "Icon Group", "we" or "us") respects your Personal Information, including your Health Information, which is classed as Sensitive Personal Information under the *Privacy Act 1988* (Cth). This document provides a brief summary of how we collect, use, store and disclose your Personal Information. This is further outlined in the full copy of our Privacy Policy, which includes additional information about how we maintain the accuracy of your Personal Information, how you may request updates to your Personal Information, how you may request access to your Personal Information and how you may complain about any breach to your Privacy and how the complaint will be dealt with. Our Privacy Policy is available online at www.iconcancercentre.com.au or by asking any of our Cancer Centre staff. A translated copy is available if required and upon request.

We collect your Personal Information from all documentation and information provided to us, including but not limited to your medical records, treatment plans, billing and insurance details. The types of information that Icon collects, and records may include your name, address, telephone number, and Health Information such as the problem for which you seek treatment, the treatment advice provided and the results of any investigations or tests. Your Personal Information may be stored electronically and in physical form and will only be accessed by authorised personnel.

We may use your Personal Information:

- To provide medical care and treatment to you.
- To update and keep current your medical records as required by our policies and law.
- To undertake billing activities, including liaising with private health fund insurers.
- To operate our facilities.
- To fulfil mandatory data reporting requirements and undertake compliance and quality assurance activities.
- To train our health professional staff.
- To comply with legislative and regulatory requirements, including but not limited to those relating to the *Medicare Australia Act 1973* (Cth) and the *Health Insurance Act 1973* (Cth)
- For necessary and related ancillary purposes.

We disclose your Personal Information in strict compliance with all relevant privacy and data protection legislation (including but not limited to the Privacy Act 1988 (Cth)):

- To medical practitioners, other hospitals or health service providers involved in your treatment or care
- To Medicare, your private health fund or other hospital affiliated organisations (e.g. Department of Veterans' Affairs)
- To undertake health and medical research projects solely or in conjunction with related research organisations and external research organisations with whom we collaborate or partner
- To related entities to facilitate internal business processes
- To external agencies to undertake mandatory data reporting, compliance, quality assurance and accreditation activities
- In an emergency where your life is at risk
- To other third parties as may be required by law

If you have questions regarding this consent form or our Privacy Policy, the Site Manager or Privacy Officer will be able to assist you.

Icon Cancer Centre Head Office

Switchboard: 07 3737 4500 | Fax: 07 3737 4501

Email: privacy@icon.team

Consent

I acknowledge that I have read and understood the summary of information in this document, have been provided access to the full Privacy Policy and access to an interpreter (if required). **I consent to the collection, use, storage and disclosure of my Personal Information in accordance with the Icon Group Privacy Policy.**

Patient/Guardian Name _____

Patient/Guardian Signature _____ Date: / /