

Patient Information Form

PERSONAL INFORMATION			
<input type="checkbox"/> Mr <input type="checkbox"/> Mast <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name _____		Middle Name _____	
Surname _____		Preferred Name _____	
Date of birth / /		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Defacto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Home address _____			
Postcode _____			
Mailing address (if different to home address) _____			
Postcode _____			
Home Number _____		Work Number _____	Mobile Number _____
Email _____		Occupation _____	
BILLING INFORMATION			
Medicare _____		Position on Card _____	Expiry Date ____ / ____ / ____
If patient under 18 Parent Name _____		Date of birth / /	
Medicare _____		Position on Card _____	Expiry Date ____ / ____ / ____
<input type="checkbox"/> Healthcare Card	<input type="checkbox"/> Pension Card	<input type="checkbox"/> Commonwealth Seniors Card	
Card Number _____		Expiry Date ____ / ____ / ____	
Veteran's Affairs (DVA) Card Number _____		<input type="checkbox"/> Gold	<input type="checkbox"/> White
If white card, have your costs been approved by DVA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
White card accepted conditions _____			
PRIVATE HEALTH INFORMATION			
Fund Name _____		Membership Number _____	
Hospital Cover <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Joined / /	
EMERGENCY CONTACT			
Name _____		Relationship _____	
Home Number _____		Mobile Number _____	
GP DETAILS			
Name of usual GP _____			
Practice Name _____			
Suburb _____		Phone number _____	
CONSENT			
Do you consent for us to send you SMS reminders?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consent for us to send you emails?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consent for us to send correspondence to your My Health Record?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DISCLOSURE OF PERSONAL INFORMATION			
<p>You acknowledge that you have read and understood the summary of information in this document, and you have been provided access to the full Privacy Policy and access to an interpreter (if required). You consent to the collection, use, storage and disclosure of your Personal Information in accordance with the ICON Group Privacy Policy. You acknowledge that treatment fees are your responsibility and to be paid in total at each attendance.</p>			
Patient/nominee Signature _____			Date ____ / ____ / ____

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Privacy and Personal Information

Introduction

At Icon Cancer Centre we respect and uphold your rights to privacy protection. Your personal information assists us in providing you with effective treatment.

Icon Cancer Centre is subject to Australian privacy and confidentiality legislation which sets the standards for how we handle your personal information. The following information describes how Icon manages any personal information we have about you.

What kinds of personal information does Icon collect?

We may hold the following information about you:

Name, Address, Telephone numbers and email address, Next-of-kin, Marital status, Date of birth, Occupation, Health/medical information, General practitioner and referring doctor information, Health fund information, Medicare/Department of Veteran Affairs/Pension/ Healthcare card numbers, Transaction details associated with services that have been provided to you, Information provided by other healthcare providers (e.g. pathology and X-ray reports), Any additional information provided to you by Icon (e.g. surveys)

Each time you attend Icon, the information we hold about you is updated. We aim to keep your information accurate and up to date to ensure that the best possible care and service can be provided.

Agreeing to provide personal information

On your first visit to Icon, the collection, use and disclosure of your personal information will be discussed with you and any questions you have will be answered. You will need to sign a consent form to indicate that you understand how your personal information will be collected, used and disclosed.

What happens if I do not agree to provide personal information?

If you do not provide written consent to the collection, use and disclosure of your personal information our ability to provide optimal health care services and/or to submit a claim to a health fund, Medicare or other payors may be limited.

What does Icon Cancer Centre use my personal information for?

We use your personal information to:

Assist your treating doctors, nurses and other allied health professionals (e.g. pharmacists) in providing medical treatment and care to you, Maintain medical records as required under our policies and by law, Undertake quality assurance activities that allow us to monitor and improve how we operate, Train and educate health professional employees, Undertake health research solely or in conjunction with other research organisations with whom we collaborate.

When does Icon Cancer Centre disclose my personal information?

In order to ensure we provide you with a safe and effective services there may be times when Icon Cancer Centre needs to confidentially disclose some of your personal information, for examples:

To another hospital or treating doctor involved in your treatment, To allow processing of private health fund claims, In an emergency where your life is at risk and you cannot provide consent, To provide data in a de-identified form to government agencies in compliance with legislative requirements, Sometimes we are legally required to disclose your personal information.

How does Icon Cancer Centre store my information?

At Icon Cancer Centre your personal information is:

Contained in electronic records in a secure environment, Contained in paper-based and/or other hard-copy documents in secure dedicated storage facilities.

How can I access my Icon Cancer Centre health record?

You have the right to apply for access to your Icon Cancer Centre Health record. To apply for access please contact

Icon's Privacy Officer:

Phone: 07 3737 4500

Fax: 07 3737 4501

Email: privacy@icon.team

Postal: PO Box 3787, South Brisbane QLD 4101

A small fee may be charged to recover costs associated with supply of information.

How do I make a complaint about how Icon Cancer Centre manages my personal information?

If you have concerns or believe Icon Cancer Centre has not managed your personal information appropriately please contact Icon Privacy Officer:

Phone: 07 3737 4500

Fax: 07 3737 4501

Email: privacy@icon.team

Postal: PO Box 3787, South Brisbane QLD 4101

If you are not satisfied with how Icon has responded to your privacy complaint, you may contact the Officer of the Privacy Commissioner who may investigate your complaint. www.oaic.gov.au/privacy/privacy-complaints