

**MARKETPLACE MEDICAL CENTRE GUNGAHLIN**

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[www.marketplacemedicalcentre.com.au](http://www.marketplacemedicalcentre.com.au)

**PATIENT INFORMATION FORM**

**Please note: This practice does NOT bulk-bill from 5:30PM Monday-Friday, and ALL DAY on weekends and public holidays. We bulk-bill for children under 16, healthcare and pensioner card holders at all times.**

**For after-hours help, contact the National Home Doctors Service on 13 SICK (13 74 25) from 6:00pm-7.00am on weekdays, 12pm-7.00am Saturdays, and 24 hours on Sundays.**

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M/F/Other \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Mob \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

If we need to contact you, what is the preferred method of contact and appointment reminders? Please circle: Home/Work/Mobile/SMS/Email

To assist with health initiatives - Do you wish to be identified as being: Aboriginal/Torres Strait Islander/both/neither (please circle one)

Ethnicity (please provide country) \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Mob \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Mob \_\_\_\_\_

Medicare Number \_\_\_\_\_ Ref. no. \_\_\_\_\_ Expiry date \_\_\_\_\_

**Do you have a concession card from Centrelink or a Department of Veteran Affairs card? Y/N**  
If yes, please circle which applies: Pension/Healthcare/DVA Gold/DVA White

Card number \_\_\_\_\_ Expiry \_\_\_\_\_

Providing medical services, through eTP, My Health Record (eg via Shared Health Summary, Event Summary)

Reminder System: Our practice uses a computerized reminder and recall system for immunization, health checks, pap smears etc.

The Marketplace Medical Centre Gungahlin respects your right to privacy. We realize that it is important that you understand the purpose for which we collect the details about your health, as well as how this information is used by this practice and to whom the information is disclosed.

The policy of this practice is to follow these procedures:

- The information collected by us will be used for the purpose of providing medical treatment to you. Personal information such as your name, address and health insurance details will be used for the purpose of performing pathology investigations, processing payments and writing to you about any issues affecting your treatment and care. You have the right to deal with us anonymously or under a pseudonym unless it is impracticable for us to do so or unless we are required or authorized by law to only deal with identified individuals.
- We may also discuss your health information to other healthcare professionals or require it from them, if in our judgment, it is necessary in the context of your treatment and care. In certain situations, e.g. notifiable diseases, we are required by law to disclose relevant health information to government departments. Information can also be collected through electronic transfer of prescriptions (eTP), My Health Record, eg via Shared Health Summary, Event Summary. We may also collect your personal information when you visit our website, send us an email or SMS, telephone us, make an online appointment or communicate with us using social media. We do not send or share the personal information outside of Australia.
- Your patient history, any correspondence, pathology reports, imaging reports etc. and any other material relevant to your treatment and care will be kept here. You may inspect or request a copy or summary of your medical notes. A written request is required for the privacy and security reasons. Should you personally want a copy or summary, a fee will apply. If you request to see your notes, you will need to prearrange an appointment with one of the doctors. If the information we have about you is inaccurate, you may email us to alter our records accordingly. Our practice will respond with 28 days for such requests for records to be transferred.

Your health information will be treated confidentially, Disclosures will not be made to any person outside of this Centre) unless it relates to the above points without your prior written consent. If you have any queries or concerns about the handling of your health information, please do not hesitate to raise your concerns with us. You can ask for a copy of our Privacy policy.

Please sign this form as confirmation that you have read and understood our billing policy, privacy policy, and consent to the use of your health information in the above way.

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_