Dermatolgy on Ward Patient Registration Form

It is the policy of this practice that **payment** of the account be made **on the day** of consultation (Payment available by Credit Card/ EFTPOS/ Cash).

Mr/ Mstr/ Mrs/ Miss/ Ms(please circle) Complete in BLOCK letters

Surname……Given Names……..……

Address……..……

……..…….…… Post Code……

Email……@……

Telephone (mobile) __ __ __ __ __ __ __ __ __ __ (home) __ __ __ __ __ __ __ __

Date Of Birth __ __ **/**__ __ **/** __ __

Medicare __ __ __ __ __ __ __ __ __ __Ref (no. next to name) __ Exp __ __**/**__ __ __ __

Pension (card must be shown) __ __ __ **/** __ __ __ **/**__ __ __ __ Exp __ __**/**__ __ __ __

Dermatology on Ward Privacy Information & Consent

When you register as a patient of our practice, you provide consent for our Dermatologists and practice staff to access and use your personal information so they can provide you with the best possible healthcare. Only staff who need to see your personal information will have access to it. If we need to use your information for anything else, we will seek additional consent from you to do this.

Why do we collect, use, hold and share your personal information?

Our practice will need to collect your personal information to provide healthcare services to you. Our main purpose for collecting, using, holding and sharing your personal information is to manage your health. We also use it for directly related business activities, such as financial claims and payments and business processes (eg: staff training). Dermatology on Ward's Privacy Policy is available at your request or via the website dermatologyonward.com.au.

Patient's Acknowledgment

I have read this form & understand why collecting information is necessary so I can be provided with the best possible healthcare.

I understand that I am not obliged to provide any information requested of me & that this may restrict the practices ability to provide quality healthcare. I am aware that I have the right to access the information by request outlined in the Privacy Policy. If I need to update my information I can do so in writing as outlined in the Privacy Policy or by completing a new Patient Registration Form.

I understand that if my information is to be used for any other purpose other than set out above my further consent will be obtained.

Name _____Signed_____ Date __ __/__ __/__ __