

# ML OBGYN SPECIALIST CLINIC

CONSULTING SUITES, KNOX PRIVATE HOSPITAL  
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## **Privacy Statement**

The provision of quality health care is our principle concern. It requires a doctor-patient relationship of trust and confidentiality. Your doctor regards patient health information as confidential and will only collect this information with patient consent. A patient's personal information is handled in accordance with this practice's privacy policy and consistent with the privacy legislation. Patients are entitled to know what personal information is held about them; how and under what circumstances they may have access to it; why it is held; its use; to whom and under what circumstances it may be disclosed; when consent is required for these purposes; and how it is stored. Every effort will be made to discuss these matters with patients at the time personal health information is collected from patients attending this practice. Because there will be occasions when it is not practicable to make patients aware of these matters at the time of collection, this brochure is designed to outline how this practice endeavours to protect the privacy of patients' personal health information.

## **Collection, Use and Disclosure of your Information**

Information about a patient's medical and family health history is needed to provide accurate medical diagnoses and appropriate treatment. We will be fair in the way we collect information about our patients. This information is generally collected from the patient, and otherwise with the patient's consent. However, from time to time we may receive patient information from others. When this occurs, we will, wherever possible, make sure the patient knows we have received this information. Medical care requires full knowledge of patient health information by all members of a medical team. To ensure quality and continuity of patient care a patient's health information has to be shared with other health care providers from time to time. Some information about patients is also provided to Medicare, and private health funds if relevant, for billing and medical rebate purposes. The doctors in this practice are members of various medical and professional bodies including medical defence organizations. There may be occasions when disclosure of patient information is required for medical defence purposes. There are also circumstances where a medical practitioner is legally bound to disclose personal information. An example of this is the mandatory reporting of communicable diseases. It is necessary for us to keep patients' information after their last attendance at this practice for as long as is required by law or is prudent having regard to administrative requirements.

## **Access**

A patient has a right to access their information. They may ask to view the information or ask for a copy of a part or the whole record. While not required to give reasons for their request, a patient may be asked to clarify the scope of the request. There are some circumstances in which access may be denied but in such an event, the patient will be advised of the reason. A charge may be payable where the practice incurs costs in providing access. This will depend on the nature of the access. The material over which the doctor has copyright might be subject to conditions that prevent further copying or publication without the doctor's permission. If a patient finds that the information held on them is not accurate or complete, the patient may have that information amended accordingly. Upon request a patient's health information held by this practice will be made available to another health service provider.

## **Parents/Guardians and Children**

The right of children to privacy of their health information, based on the professional judgment of the doctor and consistent with the law, might at times restrict access to this information by parents or guardians.

## **Complaints**

It is important to us that your expectations about the way in which we handle your information are the same as ours. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your doctor. If you are still dissatisfied, you can complain to the Federal Privacy Commissioner whose contact details are:

Level 8 Piccadilly Tower  
133 Castlereagh Street  
Sydney NSW 2000  
GPO Box 5218  
Sydney NSW 2000  
Privacy Hotline: 1300 363 992  
Website: [www.privacy.gov.au](http://www.privacy.gov.au)

## **Further information**

Further information about an individual's privacy rights can be obtained from the Office of the Federal Privacy Commissioner.

**ML OBGYN SPECIALIST CLINIC  
REGISTRATION FORM**

<b>PATIENT INFORMATION</b>					
Patient's last name:		First:	Middle:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
Marital status (circle one): Single / Mar / Div / Sep / Wid			Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Phone (H): (Mobile):		(W):	<input type="checkbox"/> SMS reminder
		Email:		<input type="checkbox"/> I allow email communication with regards to my medical condition.	
City:		State:		Post Code	
Occupation:		Employer:			
<b>Spouse/ Next of Kin Details</b>					
Surname:		Given Names			
Relationship:		DOB:			
Phone: (W) (Mobile)					
Chose clinic because/Referred to clinic by (please check one box): <input type="checkbox"/> Dr. _____					
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Close to home/work <input type="checkbox"/> Other					
Other family members seen here:					
<b>INSURANCE INFORMATION</b>					
(Please give your insurance card to the receptionist.)					
Medicare No:		Expiry Date: / /		Reference No: (The digit in front of name)	
Health Care Card/ Pension Card No:		Expiry Date:			
Private Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Health Fund: _____			Membership No: _____		
<input type="checkbox"/> Oversea student cover <input type="checkbox"/> Oversea Visitors covers <input type="checkbox"/> Australian Resident Cover					
<b>FEES</b>					
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician and also authorize ML Obgyn specialist clinic or insurance company to release any information required to process my claims. . I understand that I am financially responsible for any balance. In the event of default to pay and the overdue accounts is then referred to a debt collection agency, the patient shall be liable to pay the debt and commission charged by the agency.					
Patient/Guardian signature			Date		