

PATIENT INFORMATION FORM



TITLE MR MRS MISS MS MASTER DR

D.O.B.

SURNAME PREV. SURNAME (If applicable)

FIRST NAME MIDDLE NAME(S)

RESIDENTIAL ADDRESS

SUBURB POSTCODE

POSTAL ADDRESS (If different to residential address)

TEL No. (home) (work) (mobile)

MEDICARE No. Ref No. (next to your name) EXPIRY

DEPT. of VETERANS AFFAIRS No. **Gold or White** (please circle) EXPIRY

PENSION / HEALTH CARE CARD No. EXPIRY

OVERSEAS VISITOR? Yes No EMAIL (Please only provide your email address if you consent to receiving information relating to your interaction with SKG Radiology. This will not be used for marketing purposes.)

GUARDIAN DETAILS (must be completed if patient under 18)

NAME

POSTAL ADDRESS

MEDICARE No. Ref No. (next to your name) EXPIRY

RELATIONSHIP TO PATIENT D.O.B.

WORKERS' COMPENSATION & WA MOTOR VEHICLE ACCIDENT ACCOUNTS

EMPLOYER'S INSURANCE COMPANY

CLAIM No. DATE OF ACCIDENT

EMPLOYER'S NAME & ADDRESS AT TIME OF ACCIDENT

IMPORTANT NOTICE REGARDING YOUR ACCOUNT

- **Emergency and After-Hours procedures attract a Surcharge that is not covered by Medicare or Insurers. NO concession discounts apply.**
- Payment of accounts is required on the day of your examination (this includes an out of pocket expense known as the Gap). All accounts remain the responsibility of the patient.
- The fee for your examination/s will not be fully covered by Medicare. In-patient accounts are not fully covered by your health insurer.
- Commonwealth Pensioner and Health Care card holders may be eligible for a discount for some procedures if they present a valid card on the day.
- A fee may be charged on all overdue accounts, non-attended appointments or appointments cancelled without sufficient notice.
- For Biopsy procedures, you will receive and be responsible for the account from the Pathology Provider.
- SKG Radiology bills for all items performed. A Medicare rebate may not apply to some procedures. Therefore, patients are advised to check with Medicare prior to a procedure to determine whether a rebate is payable.
- Patients are advised that our invoices for out-patient services performed in relation to all workers' compensation and WA motor vehicle claims will be directed to the Insurer / Employer for payment (provided claim details are provided to us within 14 days of the date of service, otherwise the account will be billed privately); however, the patient is responsible for ensuring that payment of the account is met in full. If the insurer has not paid our account within three months, the patient must pay the account in full. If the claim is declined, the patient acknowledges that they will be responsible for the full amount outstanding and that for some examinations, including MRI, there may not be a Medicare rebate and will therefore be responsible for paying the entire account.
- In-patient procedures may not be fully covered by your employer's insurer and you may incur an out-of-pocket expense.
- Medicare rebates are currently not available for MRIs performed at our Cockburn or Bunbury branch.
- Medicare rebates are only available at our Currumbine and Mandurah branches for GP referred examinations if they meet specific criteria set by Medicare.

SIGNED DATE

PATIENT CONSENT TO COLLECT & DISCLOSE INFORMATION



The Privacy Act 1988 (**Privacy Act**) requires an individual to provide consent to the collection, use and disclosure of health information, which includes all personal information collected in providing a health service.

Collection

SKG Radiology (Maga Pty Ltd ABN 32 097 093 448) (**SKG Radiology, we, us, our**) collects personal information that is necessary to properly advise and treat you. This may include, for example, your:

- medical history
- billing / account details
- Medicare / private health fund details
- family, social & employment history
- name, address & contact details

The information will normally be collected directly from you. There may be occasions when we will need to obtain information from other sources, for example:

- hospitals and day surgery units
- other medical practitioners, such as GP's and specialists
- other medical imaging practices
- other health care providers, such as physiotherapists, psychologists, pharmacists, dentists, nurses

Both our practice staff and medical practitioners may participate in the collection of this information.

In emergency situations, we may need to collect personal information from relatives or other sources where we are unable to obtain your prior express consent.

Our Privacy Policy

Our privacy policy, available on our website at www.skg.com.au or on request at our sites, provides information about:

- how you may access and correct the personal information that we hold about you; and
- how you may complain about a breach of privacy by us and how we deal with privacy complaints.

Any queries about SKG Radiology and privacy should be directed to SKG Radiology's Privacy Officer on +61 8 9320 1200 or by email to support@skg.com.au.

Use & Disclosure

Your information may be used and disclosed for purposes such as:

- to supply results / reports / images / recommendations to your referring doctor pertaining to your medical management
- to supply results / reports / images / recommendations to other medical practitioners, registered nurses, and other allied health professionals who participate in your treatment, ongoing healthcare and medical management
- to supply results / reports and / or imaging pertaining to your medical management to a hospital where you have been admitted for treatment or surgery
- sending of specimens for analysis
- advice on treatment options
- account keeping and billing purposes
- managing our practice
- to prevent or lessen a serious threat to an individual's life, health or safety or to public health or safety, where it is unreasonable or impracticable to obtain your consent where legally required to do so, such as producing records to court, mandatory reporting of child abuse or the notification of diagnosis of certain communicable diseases
- to provide information or medical reports in relation to workers' compensation or motor vehicle claims to insurers
- quality assurance, practice accreditation and complaint handling
- to meet our obligations or notification to our medical defence organisations or insurers
- other purposes authorised by law

If we cannot collect your personal information, we may not be able to provide our services to you.

Overseas Use & Disclosure

- Your information may be transferred overseas for clinical trials or treatment where you have provided your fully informed consent to the trial's organiser or treatment entity for this to occur, and this consent has been made available to us.
- Rarely, it may be necessary for us to transfer your imaging and personal details for urgent reporting by an Australian accredited radiologist between 11pm and 7am, who may be located overseas at the time of reporting.

CONSENT

I consent to my doctor and other health care providers involved in my care using SKG Radiology's online image management system to access my information including reports and images.

I consent to my reports / images being sent to my health care provider/s by facsimile or electronic transmission.

I provide consent for messages to be left with immediate family members / defacto partner (e.g. appointment confirmation).

I understand that any health care provider who is given access to my images will be given full access to all electronic imaging records held by SKG Radiology about me, and that they are subject to privacy and confidentiality obligations in respect of that information.

I understand I may choose not to provide consent as outlined above, and I will approach SKG Staff to action any specific request in relation to this consent. If I do so, I will be provided with CD or film copies of my scans to give to my health care providers, which may reduce the efficiency of the health care services provided to me.

By signing this Patient Consent Form, the patient / legal guardian confirms that they have read and understood the information provided above; and consent to SKG Radiology collecting, using, disclosing and otherwise handling their personal information in the manner described above, unless specified.

Full Name of Patient

Patient D.O.B.

D	D	M	M	Y	Y	Y	Y
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GUARDIAN DETAILS (Where applicable)

If same as provided overleaf, please tick

Name of Legal Guardian

Relationship to Patient

Legal Guardian D.O.B.

D	D	M	M	Y	Y	Y	Y
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Signature of **Patient** or Legal Guardian

Signature of SKG Radiology Witness

Date

D	D	M	M	Y	Y	Y	Y
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