

# Confidential Patient Information



Adelaide  
Paediatrics

## Child's Details

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female/Other (please circle)

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Medicare no. \_\_\_\_\_ Reference no. on card \_\_\_\_\_

Pension/Health Care card no. (please circle which) \_\_\_\_\_ Expiry: \_\_\_\_\_

Private Health Fund \_\_\_\_\_ Membership no. \_\_\_\_\_

GP name: \_\_\_\_\_ GP practice / suburb: \_\_\_\_\_

How did you hear about Adelaide Paediatrics? \_\_\_\_\_

Are there any siblings who are/have been patients of Adelaide Paediatrics? If yes, what are their name/s: \_\_\_\_\_

Religion: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Do you have any cultural requirements that we can assist with whilst you are at our practice?

Does your child identify as Aboriginal or Torres Strait Islander?  Yes  No

Are there any court orders in place or pending? If yes, please talk to reception.  Yes  No

## Primary Parent / Caregiver

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Occupation (optional): \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_

Medicare no. \_\_\_\_\_ Reference no. on card \_\_\_\_\_

Pension / Health Care card no. (please circle which) \_\_\_\_\_ Expiry: \_\_\_\_\_

## Secondary Parent / Caregiver (if applicable)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Occupation (optional): \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_

Medicare no. \_\_\_\_\_ Reference no. on card \_\_\_\_\_

Pension / Health Care card no. (please circle) \_\_\_\_\_ Expiry: \_\_\_\_\_

## Emergency Contact:

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Do you consent to Adelaide Paediatrics discussing your child's appointments and/or confidential information with this person?  Yes  No

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_

## **Parent / Caregiver Nominations**

Please nominate one parent to be the contact for making and changing/cancelling appointments.

**This one parent will receive the SMS reminders regarding the child's appointments.**

**It is the responsibility of this parent to communicate this information with the other parent. Adelaide Paediatrics is not responsible for ensuring all parties are aware of appointments / appointment changes.**

- Primary parent / caregiver
- Secondary parent / caregiver

Please nominate the parent who will be the Account Holder:

**This parent will be responsible for paying all accounts relating to the child and will also be the Medicare Claimant and receive Medicare rebates where applicable.**

- Primary parent / caregiver
- Secondary parent / caregiver

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## **Parent / Caregiver Information**

To ensure the best possible care for your child, it is important that Adelaide Paediatrics has up to date information regarding your child's parent / caregiver situation. Accurate up-to-date information satisfies the need of both parent/caregiver during the time that Adelaide Paediatrics is providing care for your child.

The purpose for which Adelaide Paediatrics uses this information includes:

- Keeping parents informed about matters relating to their child's treatment
- Satisfying Adelaide Paediatrics' legal obligations regarding both parents having joint parental responsibility including decisions about treatment
- Day-to-day administration of the practice with regards to your child's appointments and accounts
- Caring for the child's social and medical wellbeing

In the absence of any court order/pending court order stating otherwise, both legal parents/guardians of your child have equal rights to access services and/or information pertaining to your child. Adelaide Paediatrics will maintain confidentiality of each parent/caregivers, but any information (*not limited to confidential information*) pertaining to the child will not be withheld from either parent/caregiver provided such disclosure of the information is deemed necessary and appropriate by any one and/or all the treating Practitioner(s). **We appreciate your co-operation.**

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## **Cancellation Policy**

**A minimum of 24 hours' notice is required to cancel or reschedule an appointment; otherwise a cancellation fee of up to 50% of the appointment cost may apply.**

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## **Privacy and Informed Consent**

Amendments to the privacy act came into effect in December 2001. Personal information collected by this practice is only that which is deemed necessary to best attend to and treat the presenting health condition(s). This information is primarily used internally within the practice but is sometimes used to ensure quality and continuity of health care for your child. The latter requires partial or full disclosure of this information to others outside the practice. Examples of this include referrals to other medical or allied health professionals, communicating progress to referring GP's, requesting blood/urine tests and x-rays, temporary transfer of your child's inpatient care to an Associate Paediatrician and when itemising accounts for Medicare and Private Health Funds.

All patients' files which include personal information, test results, etc remain the property of this practice. Should you choose to visit another doctor at any time; copies of the appropriate files can be forwarded on receipt of written request from the primary caregiver. Please note that an administration fee may be associated with this service. All due care will be taken when dealing with sensitive information.

Should you wish to obtain a copy of the full *Adelaide Paediatrics Privacy Policy*, please request this from reception.

## Rights and Responsibilities

### Your rights:

- To always be treated with courtesy, respect, and understanding
- For your confidential information to be protected
- To receive care without regard to your race, colour, nationality, origin, religion, age, gender, ability, disability or lifestyle.
- For you and/or your child to be consulted with appropriately about treatment plans, and make informed decisions
- To be entitled to provide feedback, voice concerns or make a complaint to the Practice Manager if relevant, and for complaints to be taken seriously and responded to in a timely manner
- To be communicated with openly and honestly
- To be provided with practitioner fee schedules and cancellation policy prior to the scheduled appointment/s
- For your preferred appointment times to be accommodated where possible
- To be provided with as much notice as possible if a scheduled appointment is to be changed or cancelled due to unforeseen circumstances
- For services to be provided in a manner consistent with all relevant laws
- To feel safe and comfortable whilst at Adelaide Paediatrics
- To request a copy of your child's medical records by completing a release of information form, and receive a response within no more than 20 days
- To request a copy of the Adelaide Paediatrics Privacy Policy, or the Adelaide Paediatrics Child Safe Policy

### Your responsibilities:

- To treat Adelaide Paediatrics staff, practitioners and other patrons with courtesy and respect
- To act in a civil manner at all times
- To confirm your identity on the telephone by providing name and date of birth (of both the patient and parent/caregiver)
- To provide Adelaide Paediatrics with current contact information
- Communicate with Adelaide Paediatrics if you have any concerns about the service/s being provided
- To pay accounts in full on the day of the appointment, with the exception of agency-managed NDIS clients
- Inform a member of Adelaide Paediatrics staff if your child has a contagious ailment (e.g. gastroenteritis, head lice etc.) so that you can be offered a waiting space separate to other children
- To supervise your child at all times
- To respect the rights of others
- To ensure you have a current referral for specialist appointments
- To ask questions if you do not understand
- If after reading your confirmation email and associated documents you suspect you may be booked in with a practitioner who is not suited to your child's needs, contact Adelaide Paediatrics reception to discuss other options
- To be mindful when consuming food at our practice, as some clients suffer from life threatening allergies e.g. Anaphylaxis to nuts



## Acknowledgement & Consent

I have read and understood this document, and in particular the Responsibility Nominations, Cancellation Policy and Rights and Responsibilities section of this document. All information stated on this form is true and correct.

I have read and understood the Fee Schedule / fee information which was provided to me via email or post upon booking and I agree to pay all accounts on the day of the appointment and undertake to pay any debt collectors expenses incurred in attempting to recover or recovery of any overdue amounts.

I consent for information to be received and exchanged to & from employees and practitioners of Adelaide Paediatrics as well as other agencies and/or individuals for the purpose of ongoing treatment and providing a quality and continuity of health care for the patient/client. All due care will be taken when dealing with sensitive information.

### Primary Parent / Caregiver

### Secondary Parent / Caregiver (if applicable)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Do you give consent to receive the quarterly Adelaide Paediatrics newsletter and/or occasional marketing information?       Yes       No

Do you consent to Adelaide Paediatrics sending confidential correspondence to you via email? N.b. email is not guaranteed to be "secure")       Yes       No

Do you consent to Adelaide Paediatrics exchanging information with your child's school / childcare (if applicable)

Yes       No

If yes, name of school / contact person: \_\_\_\_\_