Mr Michael Hong
Colorectal and General Surgeon

New Patient Information Form

This is not a bulk-billing practice. Fees are calculated from the Medicare Schedule and AMA recommendations.

Patient details

Mr / Mrs / Miss / Ms / Dr

First Name: .... Middle Name: .... Surname: ....

Gender (circle): Male / Female / Undisclosed

Date of Birth: .... / .... / ....

Address: ....

Suburb: .... Post Code: .... State: ....

Contact Number: .... Mobile: .... SMS Opt In: Yes / No

Email: .... Occupation: ....

Alternative contact:

Name: .... Telephone: ....

Relationship: ....

Account details

Medicare Number: ☐☐☐☐☐☐☐☐☐☐ Ref Number: ☐☐

Veterans Affairs Number (if applicable): ....

Private Health Fund: .... Membership Number: ....

Pension Number: ....

General Practitioner's Details (If not referring doctor)

Name: .... Phone: ....

Address: .... Post Code: ....

Treatment Agreement

I request Mr Michael Hong MBBS FRACS to provide me or .... (Patient's Name) with surgical assessment, advice and management as required and consented to by me. I know that I am under no obligation to take the advice or treatment course suggested and that I am free to seek a second opinion at any time.

I understand that any information collected from me, about me or about my family is confidential, will be kept securely and will only be used in the direct provision of medical assessment and treatment as required by me.

I acknowledge that any services provided on my behalf may incur a fee over and above that set out in the Medicare Schedule and that I am liable for any and all of these fees. I may request a detailed breakdown of any potential fees. I recognise that, depending on medical circumstances, these fees may necessarily alter. I also realise that the fees of outside agencies (hospitals, anaesthetists, surgical assistants, pathology services, radiology services, paramedical personnel and any other referrals made) are beyond the control of Mr Hong and cannot be accurately quoted by him.

Signature: .... Date: .... / .... / ....

Printed Name: .... Self / Parent / Legal / Guardian (circle)

If anything in the above agreement is not clear to you, please ask the Practice Manager or Mr Hong directly, before signing this document.

Mr Michael Hong
Colorectal and General Surgeon

Patient consent for collection, storage, use and disclosure of personal health information

Personal Information:

During both registration and consultation with this practice you will be asked to provide personal information including your name, address, date of birth etc. This information will be attached to all documents related to your medical record.

Unique Identifier:

You may be given a unique identifying code (number or letter based) in our medical record system. We will not use this number for any other purpose than to identify you as a patient of this practice. The identifier is not disclosed to any other organisation unless it is relevant to your health care.

Access to Your Health Information:

You have the right to access your health record (in most instances). You also have the right to correct any information in the record if you believe it to be incorrect. To access your record and/or correct information in the record, please ask to speak to the Privacy Officer who will assist you.

Security of Your Medical Information:

Your medical record will be kept in a secure place and the contents of it will not be disclosed to any person not directly involved in your primary care, unless a secondary purpose is related to the primary care purpose. Examples of disclosure to a secondary source are the disclosure of information to your health fund, for billing purposes, or to another health provider involved in your care. De-identified information may be used for audit purposes or in the colonoscopy Re-accreditation process run by GESA. (Gastroenterological Society of Australia)

Complaints Process:

If you wish to make a complaint regarding infringements of your rights to privacy (under the law) in this practice, please ask to speak to the Privacy Officer in confidence.

Further Information:

A patient information manual is available for all patients and contains information relating to The Privacy Act and The Health Records Act (Victoria).

Consent

I .... (Print Name) have received information regarding the collection, storage, use and disclosure of my personal health information. I hereby give informed consent for the use of this information by Mr Michael J Hong, and any other practitioners involved in my / their primary care, when this information is required to adequately provide appropriate medical advice and treatments.

Signature: .... Date: .... / .... / ....