**Personal Details**

Title: \_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthsex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address (if different from residential): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cultural Background**

Knowing your cultural background that helps us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander origin?

❒ No ❒ Yes, Aboriginal

❒ Yes, Torres Strait Islander ❒ Yes, both Aboriginal and Torres Strait Islander

Other cultural background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is English your first language? ❒ Yes ❒ No

If no, do you require an interpreter? ❒ Yes ❒ No

If Yes, please specify language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account information**

Medicare card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reference# :\_\_\_\_\_\_\_\_ Expiry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pension/Healthcare Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DVA Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Colour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workcover #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TAC # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact information**

Do you have someone who you would like to nominate as your preferred contact person in the event of an emergency? If so please provide their details below:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next of kin (if different from contact person):**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Information**

Height (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight (kg): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications, including over the counter medications, vitamins, supplements, inhalers and injections:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Do you have an allergies? Please list below:

|  |  |
| --- | --- |
| **Allergy** | **Nature of reaction?** |
|  |  |
|  |  |
|  |  |

Please list below, your medical history and if known, date of the diagnosis?

|  |  |
| --- | --- |
| **Diagnosis** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |

Are there any conditions which run in your family that you would like to tell us about? If so please list:

|  |  |
| --- | --- |
| **Diagnosis** | **Relationship to family member** |
|  |  |
|  |  |
|  |  |
|  |  |

Smoking Status ❒ Non-Smoker ❒ Ex Smoker ❒ Current smoker \_\_\_\_\_\_\_/day

Do you drink alcohol? ❒ Never ❒ Occasionally ❒ Regularly

**Please tick if you give consent for us to contact you via SMS or email**

Preferred contact method: ❒ Phone ❒ Email

At any time if you change your mind and want to stop receiving information by SMS or email, please let us know either in writing or by speaking to a member of the practice team.

**OUR BILLING POLICY EXPLAINED**

Maxwell Medical Group aims to deliver the highest level of patient medical care, which includes longer consultations and minimal waiting times with the doctor of your choice. Unfortunately, some services are not fully covered by Medicare, and therefore a private billing policy applies. Patients are required to pay for the consultation in full on the day, your Medicare rebate is processed so that your refund is deposited back into your bank account. To provide the utmost convenience to patients, we use Medicare Online and Tyro.

Fees are structured to reflect the time you spend with the Doctor as well as the complexity of matters discussed during your consultation. Patients with a valid Medicare card are eligible for a Medicare rebate when using a Medicare item number.

Some services, however, are not eligible for a Medicare rebate and you are responsible for the account and out of pocket fees. Some examples are:

|  |  |
| --- | --- |
| New & existing Workcover injuries/claims | Insurance report / examinations |
| Employment health assessments | Commercial drivers licencing |
| Medical reports & procedures | Any patient without an eligible Medicare card |
| Dressings and Consumable items | Private certifications |
| Occupational Health | Telehealth Consultations if not seen in person for +12 months |

**All weekend consultations are privately billed with no bulk billing services available**.

**Claiming Medicare Rebate**

Medicare claiming is easy and on-the-spot, saving time. Both TYRO and Medicare On-Line facilities are available which allows for direct lodgements to Medicare for eligible rebates (refunds).

Rebates can be paid on-spot (if you have an EFTPOS card) or deposited into your nominated bank account by Medicare within 48 hours (if your Medicare card is linked with a bank account). Just let our friendly reception team know which option is most convenient for you.

If you have not registered your bank account with Medicare, you can do so online at <https://www.servicesaustralia.gov.au/medicare> or call Medicare on 132 011.

**New Patients**  
Initial consultations are booked as a complex (long) consultation (Item 36). These are billed privately unless:

* Pension Card Holders
* DVA Card Holders
* Children under 16 years
* Health Care Card Holders

**Bulk Billing – Monday – Friday only**

There may be times in life when health and expenses become a challenge. It is important that patients are still able to access quality health care at those times, therefore Medicare bulk billing is available, in some circumstances, to a range of patients with presentation of a valid card from Monday to Friday. Bulk billing is only available **Monday – Friday**, for people who have a valid Medicare card and:

* Pension Card Holders
* DVA Card Holders – for eligible/approved conditions only
* Children under 16 years
* Health Care Card Holders

**Minor Surgery is privately billed**  
Procedures including skin cancer management, removal of skin lesions, biopsies, suturing of cuts and lacerations, iron infusions, IUD/Mirena removal and insertion and dressings do attract a private fee. Please confirm these with your doctor at the time of your consultation.

**New Workcover Claims**

Given there is no guarantee that new Workcover claims will be accepted, payment is required on the day for any consultation relating to the Workcover claim/injury.

**If your Workcover claim is accepted, full payment is still required on the day of each your consultations. You will be provided with a receipt for claiming reimbursement from Workcover**.

Maxwell Medical Group does not invoice Workcover directly.

**Missed Appointments and Cancellation Fees**

All patients who miss their appointment and do not cancel at least 3 hours before their appointment will be charged a missed appointment fee of $50.00 (GST inclusive) payable upon requesting another appointment. This fee is not claimable through Medicare.

**Payment On the Day**

Payment is required on the day of your appointment by EFTPOS, credit card and cash.

**We are here to help**

If you want to talk to someone about our billing policy or fees, please speak with our friendly reception team or visit our website [www.maxwellmedical.com.au](http://www.maxwellmedical.com.au).

**Maxwell Medical Group Pty Ltd privacy policy**

Current as of: 5th October, 2023

**Introduction**

This privacy policy is to provide information to you, our patient, on how your personal information (which includes your health information) is collected and used within our practice, and the circumstances in which we may share it with third parties.

**Why and when your consent is necessary**

When you register as a patient of our practice, you provide consent for our GPs 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, practice audits and accreditation, and business processes (eg staff training).

**What personal information do we collect?**

The information we will collect about you includes your:

* names, date of birth, addresses, contact details
* medical information including medical history, medications, allergies, adverse events, immunisations, social history, family history and risk factors
* Medicare number (where available) for identification and claiming purposes
* healthcare identifiers
* health fund details.

**Dealing with us anonymously**

You have the right to deal with us anonymously or under a pseudonym unless it is impracticable for us to do so or unless we are required or authorised by law to only deal with identified individuals.

**How do we collect your personal information?**

Our practice may collect your personal information in several different ways.

1. When you make your first appointment our practice staff will collect your personal and demographic information via your registration.
2. During the course of providing medical services, we may collect further personal information through electronic transfer of prescriptions, my health record, shared health summary or transfer of medical records.
3. We may also collect your personal information when you visit our website, send us an email or SMS, telephone us, make an online appointment or communicate with us using social media.
4. In some circumstances personal information may also be collected from other sources. Often this is because it is not practical or reasonable to collect it from you directly. This may include information from:

* your guardian or responsible person
* other involved healthcare providers, such as specialists, allied health professionals, hospitals, community health services and pathology and diagnostic imaging services
* your health fund, Medicare, or the Department of Veterans’ Affairs (as necessary).

**When, why and with whom do we share your personal information?**

We sometimes share your personal information:

* with third parties who work with our practice for business purposes, such as accreditation agencies or information technology providers – these third parties are required to comply with APPs and this policy
* with other healthcare providers
* when it is required or authorised by law (e.g. court subpoenas)
* when it is necessary to lessen or prevent a serious threat to a patient’s life, health or safety or public health or safety, or it is impractical to obtain the patient’s consent
* to assist in locating a missing person
* to establish, exercise or defend an equitable claim
* for the purpose of confidential dispute resolution process
* when there is a statutory requirement to share certain personal information (e.g. some diseases require mandatory notification)
* during the course of providing medical services, through eTP, My Health Record (e.g. via Shared Health Summary, Event Summary).

Only people who need to access your information will be able to do so. Other than in the course of providing medical services or as otherwise described in this policy, our practice will not share personal information with any third party without your consent.

We will not share your personal information with anyone outside Australia (unless under exceptional circumstances that are permitted by law) without your consent.

Our practice will not use your personal information for marketing any of our goods or services directly to you without your express consent. If you do consent, you may opt out of direct marketing at any time by notifying our practice in writing.

Our practice may use your personal information to improve the quality of the services we offer to our patients through research and analysis of our patient data.

We may provide de-identified data to other organisations to improve population health outcomes. The information is secure, patients cannot be identified and the information is stored within Australia. You can let our reception staff know if you do not want your information included.

Our practice undertakes training of students, research activities, disclosure to other doctors in the practice, locums and by registrars attached to the practice for the purposes of patient care and teaching. Please let us know if you do not want your records accessed for these purposes and we will note your record accordingly.

Our practice undertakes audit as part of our commitment to improving quality of care. This usually involves all components of care for a particular disease including that by other practitioners and institutions. When required, care plans are discussed with other doctors and healthcare professionals. If you don’t want your care to be audited or discussed with other doctors or healthcare professionals please advise us in writing.

**How do we store and protect your personal information?**

Your personal information may be stored at our practice in various forms: paper records, electronic records and visual records.

Our practice stores all personal information securely in electronic format using an Australian owned cloud-based system. All access to software is protected by passwords and all staff are bound by confidentiality agreements.

**How can you access and correct your personal information at our practice?**

You have the right to request access to, and correction of, your personal information.

Our practice acknowledges patients may request access to their medical records. We require you to put this request in writing to the practice manager and our practice will respond within a reasonable time, we aim to respond to all requests of this nature within 30 days. There is a fee of 20 cents per page (A4 black and white) plus $30 for time taken to assess and collate health information plus postage and packaging costs if applicable.

Our practice will take reasonable steps to correct your personal information where the information is not accurate or up to date. From time to time, we will ask you to verify that your personal information held by our practice is correct and current. You may also request that we correct or update your information, and you should make such requests in writing to our practice manager.

**How can you lodge a privacy-related complaint, and how will the complaint be handled at our practice?**

We take complaints and concerns regarding privacy seriously. You should express any privacy concerns you may have in writing. We will then attempt to resolve it in accordance with our resolution procedure. Please address any complaints and concerns to:

Practice Manager

Maxwell Medical Group Pty Ltd

Central West Shopping Centre

T22, 65-67 Ashley Street

Braybrook, Vic 3019

[Info@maxwellmedical.com.au](mailto:Info@maxwellmedical.com.au)

T: (03) 7036 2450

We aim to respond to any complaints or concerns within 30 days.

You may also contact the OAIC. Generally, the OAIC will require you to give them time to respond before they will investigate. For further information visit [www.oaic.gov.au](http://www.oaic.gov.au) or call the OAIC on 1300 363 992.

**Policy review statement**

This privacy policy will be reviewed regularly to ensure it Is in accordance with any changes that may occur. We will notify our patients of any changes on our website.

I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a privacy policy on handling patient information.

I have read and agree to be bound by the Maxwell Medical Group Billing Policy.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the healthcare and treatment given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

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.

I consent to the handling of my information by this practice for the purpose set out above, subject to any limitations on access or disclosure that I notify this practice of.

I consent to the collection of my information from radiology, pathology, medical records from hospital and other people who have been involved in my medical care.

Please acknowledge that you have read and agree with this privacy policy by signing below.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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