REGISTRATION, PRACTICE INFORMATION AND CONSENT FORM

Prefix	☐ Ms ☐ Miss ☐ Mrs ☐ Mx ☐ Mr ☐ Dr ☐ Other:			
First name		**Middle name**		
Surname		**Known as**		
Maiden name				
Home Address				
Suburb				
State		**Postcode**		
Postal Address				
Suburb				
State		**Postcode**		
DOB				
Biological Sex	☐ Female ☐ Male ☐ Intersex:			
Gender Identity	☐ Woman ☐ Man ☐ Another Descriptor:			
Preferred Pronouns				
Mobile phone		I consent to receive SMS / Voicemail ☐ Yes ☐ No		
Home phone		I consent to receive SMS / Voicemail ☐ Yes ☐ No		
Work phone		I consent to receive SMS / Voicemail ☐ Yes ☐ No		
Email address				
Medicare ☐ *Medicare Ineligible*	Number			
	Reference		Expiry	
Health fund ☐ *Uninsured*	Name			
	Member No.		Reference	
DVA Gold card?	☐ Yes ☐ No - go on to Referring Doctor		Member No.	
Referral provided?	☐ Yes ☐ No			
Usual GP ☐ *Tick here if same as Referring Doctor*	Name			
	Address			
	Telephone			
	N.B. Following your appointment, a report will be sent to your referring doctor. If you do not want correspondence sent to your referring doctor, you will need to provide us with a new referral.			
Marital status	☐ De facto ☐ Married ☐ Same sex partner ☐ Divorced ☐ Separated ☐ Single ☐ Widowed			
Indigenous status	☐ Aboriginal origin ☐ Torres Strait Islander Origin ☐ Neither			
Country of birth		**Language**		
Ethnicity				
Occupation				
Emergency contact	Name			
	Occupation			
	Telephone		DOB	
	Email			
	I consent for this person to liaise on my behalf in case of emergency ☐ Yes ☐ No			
Partner ☐ *Tick here if same as Emergency contact*	Name			
	Occupation			
	Telephone		DOB	
	Email			
	I consent for this person to liaise on my behalf for non-clinical matters ☐ Yes ☐ No			

REGISTRATION, PRACTICE INFORMATION AND CONSENT FORM

The following pages are to inform you of the various policies and procedures that may affect you as a patient when attending or accessing our services. Certain aspects of our provision of service to you requires your consent. You will be required to re-sign this entire document at least every two years to keep it, and your consent, current.

PRIVACY STATEMENT Alana Healthcare is committed to protecting your personal information under the *Privacy Act 1988 (Cth)* and the *Health Records and Information Privacy Act 2002 (NSW)*.

1. Collection and Use of Information: We collect personal details, including your medical history, to provide high-quality healthcare. This information may come directly from you or, where necessary, from other healthcare providers.

2. Use of AI Scribe Technology: To improve the accuracy and efficiency of consultations, we may use AI scribe technology to assist with note-taking during appointments. This technology is used securely and complies with Australian privacy laws, and it does not independently access patient records.

3. Data Security and Sharing: Your information is stored securely and shared only with authorised healthcare providers involved in your care or as legally required. We take measures to protect your data from unauthorised access and misuse.

4. Access and Corrections: You have the right to access and correct your information. Please contact us for any enquiries or requests. Charges may apply.

For more details on our privacy practices, reach out to us at [Clinic Contact Information].

I have read and understood PRIVACY STATEMENT. ☐ Yes ☐ No

CANCELLATION POLICY An SMS will be sent for all scheduled appointments at least two working days prior. If you do not have a mobile phone or elect not to receive an SMS, our staff will telephone you to confirm your appointment. **Any appointment not confirmed by return SMS or phone call by 12:00pm the working day prior will automatically be cancelled.**

Late cancellation: Anyone who cancels their confirmed appointment after 12:00pm the working day before.

"Did Not Attend" (DNA): Anyone who misses a confirmed appointment without cancelling it.

If you need to cancel your appointment please notify us by 12:00pm the working day before, by either responding to the SMS or phoning 9009 5255 to speak to a staff member or leave a message. Cancellations via email will not be accepted. N.B. We are not open on weekends.

Cancellation fees **Late cancellation:** 50% of consultation fee **DNA:** 100% of the consultation fee

I have read and understood CANCELLATION POLICY. ☐ Yes ☐ No

COMMUNICATIONS CONSENT Communications with you and/or third parties on your behalf require your consent to do so. Communications may be by phone or other electronic means, such as email or SMS. All communications are performed in accordance with privacy legislation.

Email communications with us is **NOT ENCRYPTED** and may be used for general matters, appointments, pathology results, recalls, and other matters as needed. We will also send to you by email a copy of any correspondence from us to your referring doctor, which contains your personal medical information. Email does not replace appointments with your practitioner. Consenting to communicate with us by email means that:

- You acknowledge that the privacy and confidentiality of your health information may be compromised when communicating by email without encryption.
- Only non urgent matters shall be communicated by email. Urgent matters should always be communicated by phone.

Do you consent to Email communication to the email address indicated on Page 1? ☐ Yes ☐ No

Medicare/Private Health Fund We may need to liaise with Medicare or your private health insurer on your behalf for the purposes of performing insurance cover checks, or for provision of Informed Financial Consent.

Do you consent for Alana Healthcare to liaise with Medicare/Private Health Fund? ☐ Yes ☐ No

Health Recalls If you attend our practice for a Cervical Screening Test, colposcopy, IUD insertion or pessary insertion or other relevant service you will automatically be placed on our Recall register. When your next appointment is due, we will contact you in line with your communications consent. There may also be other health events which your practitioner flags as important and for which you need to be recalled.

Do you consent to be contacted for Health Recalls as requested by your practitioner? ☐ Yes ☐ No

Research/Evaluation We may wish to contact you to invite you to participate in research, or to request your permission to use your health information for research purposes, or to evaluate the service and/or medical treatment that you have received.

Do you consent to be contacted at a future date for Research/Evaluation? ☐ Yes ☐ No

Fertility Consults Patients attending for fertility services who proceed to IVF/ART will need to have their file transferred to Monash IVF for continuation of their care. This includes, but is not limited to, your referral, consultation notes, ultrasounds, pathology results and any other fertility related interventions relevant to your care.

Do you consent to the transfer of your file to Monash IVF for the continuation of your care? ☐ Yes ☐ No

REFERRAL TO OTHER SERVICES/THIRD PARTY PROVIDERS It may be necessary for your clinician to refer you to an external provider for diagnostic tests/investigations (e.g. ultrasound, x-ray, pathology, etc.). If you are referred for further diagnostic tests **you will be liable to pay any fees** attached to those services. Pathology collected or requested by us will incur a charge from the laboratory. Alana Healthcare cannot quote you for the cost of external services.

Diagnostic tests/investigations ordered as part of your medical treatment will be followed up by the requesting practitioner only, unless otherwise indicated. As a general rule, you will only be contacted if the returning result is abnormal in any way, requires treatment, repeat/ongoing investigation, or referral to another specialist/service. Our staff will assist you in making any necessary arrangements and organising a referral, prescription or appointment if needed.

Non-clinical staff are not permitted to release results to patients. Copies of results will be released to patients only when reviewed and signed off by the requesting practitioner and any findings communicated to the patient.

I have read and understood Referral to Other Services/Third Party Providers ☐ Yes ☐ No

INFORMED FINANCIAL CONSENT

Medical Consultations (excluding therapeutic procedures or other services – full fees available via our website)		
Consultation with Doctor 45-60 minutes		**$660**
Consultation with Doctor 30-45 minutes		**$495**
Consultation with Doctor 15-30 minutes (standard first)		**$330**
Consultation with Doctor ≤15 minutes (standard follow up)		**$165**
Consultation with Practice Midwife 30-45 minutes		**$50 out of pocket**
Physiotherapy Consultations		
Consultation 45-60 minutes (standard first)	Senior Physiotherapist / Physiotherapist	**$260 / $220**
Consultation 30-45 minutes	Senior Physiotherapist / Physiotherapist	**$180 / $160**
Consultation 15-30 minutes (standard follow up)	Senior Physiotherapist / Physiotherapist	**$140 / $120**
Consultation ≤15 minutes	Senior Physiotherapist / Physiotherapist	**$100 / $80**

The fees detailed above are an **estimate** of the cost of a consultation only with one of our practitioners. Medical consultations are charged in 15 minute blocks or part thereof. Any services required in addition to this, including procedures (such as colposcopy, vulvoscopy or IUD insertion), pathology, imaging or any other associated costs, are separate and in addition to the above. All fees are payable on the day of service.

Patients accessing Telehealth will be required to **prepay** for these services. To be eligible to claim a Telehealth service with Medicare, you must still have a valid referral letter, and return a signed copy of this document prior to your appointment. We will then issue your invoice and submit your claim to Medicare on your behalf.

All face to face services are **payable on the day**. With your permission we will submit your claim to Medicare on your behalf.

As with any medical service, circumstances may arise during the consultation where it may be necessary to arrange additional medical services and if this happens there may be additional costs to you that are not covered by this estimate.

The above fees are for provision of medical services only. A separate charge will apply for administrative services including, but not limited to, the provision of a medical report, provision of medical records for insurance, claim or other purposes, reprint of a prescription, or reprint of a request form. Fees will be advised at the time of making the request. Medicare rebates DO NOT apply for administrative services.

Please note, our fees increase marginally each 1st January.

I have read and understood Informed Financial Consent ☐ Yes ☐ No

YOUR ACKNOWLEDGEMENT I have read and understood the above information and agree to abide by the policies of Alana Healthcare. I reserve the right to change my consent at any point on written request. I understand that my acknowledgement of the above will be recorded in my Electronic Health Record.

Your signature **Today's date**

If you are not the patient but are signing on behalf of the patient, please complete the below.
Evidence of Enduring Power Of Attorney (Medical Treatment) or Guardianship Orders may be required (if applicable).

Firstname:	**Lastname:**	**Relationship:**