

# Patient registration

## Oncology

### Patient information:

Salutation:

Given names:

Surname:

Preferred name:

Date of birth:

### Medicare/Insurance information

Medicare number:     -         Ref no.

Medicare expiry date: month:   year:

Concession/Pension card number:     -         Ref no.

Concession expiry date: month:   year:

Private Health Fund name:

Private Health Fund number (including ref. no):

Department of Veterans' Affairs (DVA) number:

Department of Veterans' Affairs (DVA) card type:  White  Gold

### Contact information

Residential address:

Suburb:

City:

State:

Postcode:

Postal address (if different from above):

Suburb:

City:

State:

Postcode:

Phone number:

Mobile number:

Email:

### GP information

GP name:

Practice/medical centre:

Other specialists:

### Demographics

Occupation:  
(Required QLD)

Country of birth:

Interpreter required?

Yes  No

Language spoken at home:  
(Required in Vic and WA)

Gender?  Female  Male  Other

### Are you of Aboriginal or Torres Strait Islander (TSI) heritage?

This is used to help collect better information on Aboriginal and Torres Strait Islander people, including how and why services are used. The information is used to help measure progress in health and well being and will ensure all Australians receive the best possible services in the future.

Aboriginal not TSI  Neither Aboriginal or TSI  
 TSI not Aboriginal  Not stated  
 Both Aboriginal and TSI

### Marital status: (Required WA & QLD)

De Facto  Never married  Prefer not to say  
 Divorced  Separated  
 Married  Widowed

Ambulance number (required VIC):

### Alternate preferred contacts

Full name:

Relationship:

Contact number:

Email:

Authorised to make enquiries for appointment times?  Yes  No

Identified as support person in decision making?  Yes  No

Full name:

Relationship:

Contact number:

Email:

Authorised to make enquiries for appointment times?  Yes  No

Identified as support person in decision making?  Yes  No

As well as providing important contact information some of the questions on this form are to collect statistics about the demographic profile of our patients as required by state and federal legislation.

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# Personal information collection notice and consent form

This form explains how the GenesisCare group (**GenesisCare, we, us**) may collect, use and disclose information about you.

GenesisCare is committed to ensuring the privacy and confidentiality of personal information it collects. GenesisCare must comply with the Privacy Act 1988 (Cth) as applicable and with other applicable privacy laws that govern organisations like GenesisCare.

You may choose not to provide us with this information, but this may prevent or compromise the healthcare and treatment that we can give you.

## Personal information we may collect about you

The personal information we collect about you may include: information about your medical history, test results, family medical history, ethnic background, Medicare, health fund and insurance details, billing/account details, current lifestyle, next of kin, emergency contact and other information that may be relevant to your diagnoses, treatment or healthcare. We may also collect information about your interactions with us, including your responses to patient surveys relating to service improvement. In addition, we may take photographs or audio-visual recordings of you in a clinical context in connection with your treatment or healthcare.

## Why we collect and how we use your personal information

We collect and use your personal information for the following purposes:

- Providing our **healthcare services**
- Performing activities that are reasonably incidental to our ordinary course operations, such as:
  - **Administration functions**, including scheduling appointments and billing; and
  - **Education, training, quality assurance** and other analytical activities to evaluate and improve our patient management processes, patient outcomes, and broader healthcare and healthcare delivery
- Dealing with **enquiries, complaints** and **legal proceedings**
- Complying with our **legal obligations**, including in relation to statutory and public health reporting requirements, such as the notification of diagnosis of certain communicable diseases; and
- Other purposes with your consent

In addition to the above, we may also use your information in de-identified form for the purposes of research and product development activities. For example, this may include the development of new diagnostic tools and products, treatment methods and pathways. As we only use de-identified information for these purposes, you will not be identified as part of any of these activities.

Occasionally we may receive requests from external researchers who wish to conduct research using information in identifiable form. Any such researchers must follow strict ethical guidelines, including by asking for your consent to be part of their research. We will not share any identifiable information for research purposes without your consent.

## When we share your information

We may need to disclose your information for one or more of the purposes described above. For example, depending on the circumstances, we may need to disclose your information to:

- **Referring clinicians and other healthcare professionals**, such as pathologists, radiologists, allied health professionals, pharmacists, in relation to the provision of healthcare services to you
- **Government agencies**, where we provide health services to you under a contract with that agency and are required to provide the information under the relevant contract

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- **Private hospitals and other private healthcare providers**, where we provide health services to you under a contract with that provider and are required to provide the information under the relevant contract
- **Your close relatives, close friends, and personal representatives** who are legally responsible for your healthcare decisions (though we will not do this if you tell us not to)
- **Your lawyers and insurance companies** that have been authorised by you to obtain personal information from us
- **Government authorities** where we are required to do so by law or in response to an order issued by a court or tribunal, such as where we are required to produce records in relation to court proceedings
- **Medical defence organisations, insurers, medical experts or lawyers** who work for us and help us to deal with enquiries, complaints and legal proceedings
- **External service providers and advisors** who help us run our business, including software vendors and service providers who help run our IT systems; and
- **Other GenesisCare group entities**

In limited circumstances, the people we disclose your information to may be based overseas, including in the European Union, the United Kingdom and the United States of America.

## For more information

For more information about how we handle your personal information, please ask a member of staff for a copy of our Privacy Policy or find it on our website [www.genescare.com](http://www.genescare.com). Our Privacy Policy also contains information about how you can make a request to access the personal information we hold about you and make corrections to it, as well as who to contact if you have a privacy enquiry or complaint.

## Consent

By signing below, you confirm that you understand what you have read and consent to the collection, use and disclosure of your personal information (including health and other sensitive information) for the purposes described in this notice. You are free to withdraw, alter or restrict your consent at any time by contacting us.

Patient name  
(please print):

Signature:

Date:

## If person other than patient signing:

Your name  
(please print):

Signature:

Date:

Your relationship to patient (e.g. parent/guardian):

## Allied health and wellbeing services and information

During or after your time as a patient of GenesisCare, you may wish to consider accessing certain allied health or wellbeing services or information. GenesisCare (or third parties with whom we work) may offer or provide access to such services or information relevant to you. If you are interested in hearing more about allied health and wellbeing initiatives, please tick here.

## GenesisCare Foundation

The GenesisCare Foundation is a charitable organisation committed to promoting the prevention and control of cancer and cardiovascular disease by providing support to patients and their families, undertaking clinical research and enabling access to innovative therapies.

If you would like to support the GenesisCare Foundation by learning more about its work or offering help to others going through their treatment journey, please tick here to share your contact details with the GenesisCare Foundation.

If you do not consent to receiving these communications, this will not affect the healthcare we provide to you in any way. If you do consent, you can change your mind at any time by contacting us.