New Patient Registration



SECTION A: PERSONAL DETAILS

Membership Number

Customer Number

Expiry Date

Position on a Card No

| PERSONALINFO | ADDRESS | CONTACT INFO |
|--------------------------|----------------------|---|
| Salutation | Address Line 1 | Preferred Method of Contact * Mobile Work Home |
| First Name * | | Mobile Work Home |
| | Address Line 2 | |
| Middle Name | Country | Work |
| | Country | |
| Surname * | Cultural & Dantanda | Mobile |
| | Suburb & Postcode | |
| | Charles | Do not send SMS |
| | State | Email Address |
| | | |
| | | |
| Gender Male Female | | |
| Date of Birth | | |
| DD MM YYYY | | |
| Marital Status | | |
| | | |
| | | |
| SECTION B: ACCOUNT INFOR | RMATION | |
| HEALTH FUND | MEDICARE Card positi | ion |
| Health Fund | Medicare No: | |
| | | |

Medicare Expiry Date

DVA Card Expiry

DVA DVA No

Country of Birth Language Spoken Occupation **Emergency Contact Name Usual GP Emergency Contact Number Privacy notice and consent:** Balwyn Eye Centre ABN 78 745 313 770 takes privacy and the security of your personal information seriously. When you register as a patient and subsequently, we collect your personal information for the purpose of providing you with the best possible healthcare. We may collect your personal information from you and from your other healthcare providers, and from any other source as required or permitted by law. We may disclose your personal information to others, including our service providers and your other healthcare providers, as necessary for the above purpose or as required or permitted by law. For example: we will store your personal information with Clinic to Cloud, our Australian-based electronic health record system provider (we understand that Clinic to Cloud has reasonable security measures in place); we may disclose your personal information to your other healthcare providers such as your GP, referring doctor, optometrist, hospital, or other specialists so that they are kept well-informed, and via services such as Argus, Oculo, or Australia Post; in some circumstances we may need to disclose your personal information to a relative or guardian whose details you have provided to us. Only doctors and staff members who have a need to know your personal information will have access to it for the above purposes or as required or permitted by law. We use the reception services of Balwyn Medical Hub for the purposes of appointment scheduling and billing. Balwyn Medical Hub will have access to your personal information for these purposes. Our Privacy Policy, available at www.balwyneye.com.au contains information on your right to seek access to or correction of the personal information we hold about you. Our Privacy Policy also contains information about how you can complain about a privacy breach and how we will deal with such a complaint. By signing below, you consent to the collection and handling of your personal information in accordance with the above privacy notice.

Print parent/guardian's name:

signature (if you are under 18):

Your parent or guardian's

Your signature:

SECTION C: OTHER

If you are under 18, your parent or guardian must sign this document on your behalf. If you are aged between 15 and 18, both you and your parent or guardian should sign.

Date:

Date: