

Riverina Urology

Dr Steven Sowter & Dr James Symons

PRIVACY INFORMATION

The law gives you certain privacy rights in relation to information that you give to this medical practice. We need your consent to collect personal information about you. The fact that you have come here implies that you consent to us knowing about your health situation either for a particular event or generally. This form explains what your rights are over the use we make of the information and how we may disclose it to other medical service providers.

The information we may ask you to give us is deeply personal. But not having it will restrict our capacity to provide you with the standard of medical care that you expect.

Please carefully read the following information about privacy issues then sign this form where indicated below. It will go on your file and you may examine it or change it at any time.

The main reason we collect information from you is so we can assess, diagnose and treat your illnesses properly and be pro-active in your health care. We will also use the information you provide in the following ways:

- Administration of this medical practice.
- Billing, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to others involved in your health care, including doctors and specialists outside this practice who may become involved in treating you. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals. If necessary, we will discuss this with you.
- Disclosure to others for medical defence purposes if necessary.
- Disclosure to other doctors in the practice, locums and Registrars attached to the practice for the purpose 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.
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management. You will be informed when such activities are being conducted and given the opportunity to “opt out” of any involvement.

PATIENT'S ACKNOWLEDGEMENT:

- I have read this form and understand why collecting information about me is necessary. I am also aware that this practice has a privacy policy on handling patient information.
- I understand that I am not obliged to provide any information requested of me. I also understand that failure to provide this medical practice with all the information it needs may restrict the practice's ability to provide the quality of health care and treatment that I want.
- I am aware that I have the 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 purposes set out above, subject to any limitations on access or disclosure about which I notify this practice now or at any future time.
- I consent to Riverina Urology to obtain any pathology results, radiology scans, hospital notes or any letter from other specialists that relate to my current medical condition.

EMAILS:

- I consent to Riverina Urology sending by email any correspondence letters, results or reports requested by other Medical professionals. I also consent to Riverina Urology sending any reports or insurance papers via email to the required provider.
- I consent to Riverina Urology sending via email, to myself any appointment reminders, request forms, insurance papers or any correspondence that is requested by myself.
- I acknowledge that I have read this form before signing it and that a member of the staff of this practice has at my request clarified any aspects of it that I did not at first understand.

Please note: Payment terms are strictly on the day of consultation. All outstanding accounts forwarded to a solicitor or debt collection agency will have all commission and legal costs added to the outstanding amount if not paid within the prescribed term.

FOR PRIVATELY INSURED/SELF FUNDING PATIENTS

INFORMED FINANCIAL CONSENT FOR SURGERY

FOR PRIVATELY INSURED & SELF FUNDING PATIENTS ONLY

The below informed financial consent is required to be signed prior to consultation *but will only be applicable should Dr Sowter / Dr Symons deem it necessary to perform a surgical procedure.*

Informed Financial Consent valid for: 3 years

The charges for surgery at Calvary Day Procedure Centre, Calvary Hospital Wagga Wagga, Riverina Day Surgery, St Vincent's Private Community Hospital Griffith, Westmead Private Hospital and St Vincent's Private Hospital Sydney are as follows:

Dr Sowter / Dr Symons **DO NOT** participate in the 'NO Gap' scheme. You will receive an Estimate of fees prior to your procedure.

As a service to our patients, we will provide an estimate of the likely medical costs you will be required to pay for your in-hospital or day surgery procedure performed by Dr Sowter / Dr Symons.

You should discuss these costs with the practice manager **before your procedure** to be sure you understand what costs you may be liable to pay. You will be liable for any costs not covered by Medicare or your health fund.

Unless otherwise stated, the estimate does not cover services provided by other doctors, such as anaesthetists, radiologist (X-ray), pathologists, or other costs associated with your stay in the hospital or day surgery unit, such as accommodation, pharmacy or physiotherapy.

As with any medical procedure, if unforeseen circumstances should arise during the procedure it may be necessary to arrange additional medical services, or use a different or more costly prosthetic device. If this happens there may be additional costs to you that are not covered by this estimate.

Please check with your health fund to see if you have the appropriate Health Insurance cover, as there will be a Gap Payment for your surgery performed by Dr Sowter / Dr Symons. You will receive the account 1-2 weeks after your procedure with prompt payment in FULL within 30 days of surgery.

If you DO NOT have a valid referral or your membership is not currently valid, you will be unable to claim the rebate back from Medicare and your health fund, and liable for full fee payment.

I understand that if I require an Anaesthetist, a separate account will be sent to me directly from the Anaesthetist for the Anaesthetist fee. The Anaesthetist can be contacted on 6925 4499 to obtain an estimate for my procedure.

I have read and understand my responsibilities regarding the procedure and payment for my surgery.