

Health And Wellbeing Clinics

Client information form

To create a client record for you on our Client Management System, please complete this form before your treatment starts. Once details are entered, forms are destroyed. All client data held on computer is stored in accordance with the Victorian Health Privacy Principles.

| Name and details | |
|--|---|
| First name: | Surname: |
| Preferred name: | Date of birth: |
| Title/s: | Personal pronoun/s: |
| Phone: | Email: |
| Address: | Postcode: |
| Emergency contact | |
| Emergency contact name: | |
| Relationship to you: | Emergency contact phone: |
| Are you VU staff/student? If yes, which department do you work/course you are enrolled. Yes No | |
| Do you hold any of the following cards? Seniors Pensioner Health care | Do you work for any of the emergency services? Ambulance Police Fire |
| How did you find out about the clinic? Clinic brochure/poster Friend/relative Online Local paper Social media VU global email Other, please list: | |
| Patients under the age of 16: Parent/guardian details | |
| First name: | Relationship to child: |
| Surname: | Child lives with: |

Please complete the declaration on page two

Office use only: Information entered Uploaded to C'Care

Consent for the collection of personal and health information

The VU Health and Wellbeing clinics collect information from you for the primary purpose of providing quality care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive about your health care needs. This Practice has implemented policies in accordance with the Health Records Act 2001, the Information Privacy Act 2002 and the Victorian Health Privacy Principles. Every effort has been made to uphold the spirit and intent of these two Acts. A Policies and Procedures Manual has been written and all students, supervising practitioners and other practice personnel have been notified and given a copy of the Policies and Procedures Manual.

We endeavour to create and foster a healthy working relationship with you as a client of our service. However, aggressive or abusive speech or behaviour towards staff, students, other clients or carers will not be tolerated. Generally offensive or objectionable behaviour will lead to a request for the behaviour to cease. If this request should be disregarded, you will be asked to leave the clinic. The Clinic reserves the right to refuse further treatment to any individual who has previously exhibited aggressive or abusive behaviours towards staff, students, other clients, carers or members of the public.

The VU Health and Wellbeing clinics will use the provided information in the following ways:

1. Administrative purposes in running our practice;
2. Billing purposes;
3. With your approval, disclosure to others included in your health care, including treating GPs, other health care providers or specialists outside of this practice. This may occur through referral to other practitioners, the ordering of medical tests or the presentation of reports;

4. Disclosure to other practitioners/students within this practice for the purpose of patient care and teaching. Please let us know if you do not want your records to be used for such purposes and we will note your record accordingly;
5. Disclosure for research and quality assurance to improve individual and community healthcare and management;
6. It is important to us that your expectations about the way in which we handle your information are the same as ours. If you have any concerns, questions or complaints about any issues related to the privacy of your personal information please do not hesitate to discuss them with us. You may contact the Coordinator of the VU Health and Wellbeing Clinic or alternatively ring the Privacy Hotline on 1300 363 992.

- ◆ I have read and understood the above information. I have also been made aware that this clinic has a privacy policy on handling patient information.
- ◆ I understand I am not obliged to provide any information requested of me, but my failure to do so may compromise the quality of health care and treatment provided.
- ◆ I am aware of my right to access the information collected about me, except in circumstances where access might be legitimately 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 those 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 all limitations on access or disclosure that I give notice to this practice.

I decline to have my deidentified health information used for teaching & research purposes.

Client consent

| Client's signature | | |
|--------------------|-------|------------|
| Name: | Date: | Signature: |

| Legal guardian's signature (if required) | | |
|--|-------|------------|
| Name: | Date: | Signature: |