

BrisbaneHPB

Patient Registration, Privacy Collection Notice and Communication Preferences

Effective date: 13 September 2026 · **Version:** 1.0 · **Privacy Officer:** David Cavallucci
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This form should be read with our full Privacy Policy, available at brisbanehpb.com.au/privacy, from reception, or in another reasonable format on request.

1. PATIENT DETAILS

LEGAL SURNAME	GIVEN NAME(S)	
PREFERRED NAME (IF DIFFERENT)	DATE OF BIRTH	
SEX RECORDED AT BIRTH (IF CLINICALLY RELEVANT)	GENDER / PRONOUNS (OPTIONAL)	
RESIDENTIAL ADDRESS		
POSTAL ADDRESS (IF DIFFERENT)		
MOBILE	OTHER PHONE	EMAIL
INTERPRETER OR COMMUNICATION NEEDS		

2. HEALTHCARE AND BILLING DETAILS

MEDICARE NUMBER	REFERENCE NO.	EXPIRY
INDIVIDUAL HEALTHCARE IDENTIFIER (IHI), IF PROVIDED / REQUIRED		
DVA CARD NUMBER	CARD TYPE	
	☐ Gold ☐ White	
PENSION / CONCESSION CARD TYPE AND NUMBER	EXPIRY	

3. EMERGENCY CONTACT AND AUTHORISED CONTACTS

Emergency contact

NAME

RELATIONSHIP

MOBILE

OTHER PHONE

Person authorised to receive limited administrative information

For example, appointment times, fees, or confirmation that you are attending the clinic. This authority does not automatically authorise access to clinical records, test results, or treatment information.

NAME

RELATIONSHIP

PHONE

☐ I authorise the person named above to receive limited administrative information.

☐ I do **not** authorise another person to receive my administrative information.

4. PRIVACY COLLECTION NOTICE

BrisbaneHPB collects personal information and sensitive health information that is reasonably necessary to provide safe, high-quality healthcare and to operate our practice. Health information includes information about your health, disability, medical history, medications, investigations, consultations, treatment, and opinions about your health.

We usually collect information directly from you, including through this form, consultations, correspondence and our website or patient portal. We may also collect relevant information from a parent, guardian, authorised representative, referring practitioner, other treating health service, pathology or imaging provider, or another person where you authorise this, it is unreasonable or impracticable to collect it from you, or the law permits or requires it.

Why we collect, hold, use and disclose information

We collect, hold, use and disclose your information principally to:

- provide healthcare, including assessment, diagnosis, treatment, prescribing, referrals, care coordination and follow-up;
- communicate with you about appointments, fees, treatment, clinically necessary follow-up, recalls and test results;
- communicate relevant information securely to clinicians and services involved in your care, such as referring practitioners, specialists, hospitals, pathology and imaging providers, pharmacists, allied health practitioners and aged-care services;
- process Medicare, DVA, private-health-insurance and other lawful billing or claiming arrangements;
- maintain accurate records, manage our practice, undertake audit, accreditation, risk management, quality improvement and health-management activities;
- meet legal, professional, regulatory, public-health, reporting, insurance and court/tribunal obligations; and

- use de-identified information for quality improvement, teaching, training, research or service planning where permitted by law. Identifiable information will not be used for research or teaching unless you have given any consent required by law and ethics requirements.

We only use or disclose information for another purpose where you consent, where you would reasonably expect a directly related use or disclosure, or where it is otherwise permitted or required by law. We aim to disclose only the information reasonably necessary for the particular purpose.

If you do not provide information

You may choose not to provide some information. However, this may limit our ability to provide safe or appropriate care, verify your identity, process a claim or contact you about clinically important matters.

Confidentiality and security

Our team members access patient information only where necessary for their role and are subject to confidentiality obligations. We take reasonable steps to protect information from misuse, interference, loss, unauthorised access, modification or disclosure. This includes role-based access controls, secure storage, staff training and secure methods for transferring health information.

Email and standard SMS may not be fully secure. We generally use them for appointment, administrative and limited reminder communications rather than detailed clinical information. If clinically appropriate, we may use secure messaging or other secure communication channels when communicating health information to other health services.

Overseas disclosure and service providers

No expected overseas disclosure: We do not ordinarily disclose patient information to overseas recipients. Some contracted technology providers may process or store information outside Australia; where this occurs, we will describe the countries or regions, the safeguards used and any applicable consent requirements in our full Privacy Policy.

Access, correction and privacy concerns

You may request access to, or correction of, personal information we hold about you by contacting our Privacy Officer. We will respond within a reasonable period. Access may be declined only where permitted by law; if so, we will provide written reasons and information about how to complain, unless it would be unreasonable to do so. We do not charge for making an access or correction request. A reasonable charge may apply for providing access where permitted by law, and we will advise you first.

Our full Privacy Policy explains how to make a privacy complaint and how we manage it. If you are unhappy with our response, you may complain to the Office of the Australian Information Commissioner (OAIC) at oaic.gov.au or on 1300 363 992.

Anonymity or pseudonymity

Where lawful and practicable, you may deal with us anonymously or using a pseudonym. This may not be practical where identification is necessary to provide safe care, process a Medicare/DVA claim, prescribe, make a referral, meet a legal requirement or otherwise deliver the requested service.

5. COMMUNICATION PREFERENCES

Appointment and administrative communications

I agree that the clinic may contact me about appointments, billing and practice administration using the methods selected below:

METHOD	YES	NO
SMS	☐	☐
Phone / voicemail	☐	☐
Email	☐	☐
Post	☐	☐

We will never send you marketing materials or information not directly related to your care.

Recalls and reminders

A **recall** is a clinically necessary request to contact you about a result, treatment, review or other matter requiring follow-up.

A **reminder** is a routine preventive-care or planned-care prompt.

- ☐ I agree to receive recalls and routine reminders by my selected communication methods.
- ☐ I do not wish to receive **routine reminders**. I understand the clinic may still make reasonable attempts to contact me about clinically significant results, urgent follow-up, or other matters necessary for my care or permitted or required by law.

Marketing or newsletters

We will not use your health information for marketing. You may change these preferences at any time by contacting the clinic.

6. ACKNOWLEDGEMENT AND CONSENT

I confirm that:

- I have received, or have been offered access to, the clinic's Privacy Policy and Privacy Collection Notice.
- I understand why the clinic collects my personal and health information, how it is normally used and disclosed, and the likely consequences if relevant information is not provided.
- I consent to the collection of my sensitive health information where consent is required, and to the use and disclosure of my information for the purposes described in this form and the Privacy Policy, subject to applicable law.
- I understand that I may withdraw or vary a consent or communication preference for future dealings by contacting the clinic. Withdrawal will not affect use or disclosure already made lawfully, and may affect the clinic's ability to provide particular services.
- I will tell the clinic promptly if my contact, Medicare, emergency-contact or other relevant details change.
- I understand the clinic's test-results and follow-up policy: results are reviewed by a clinician; I must follow instructions about when and how to obtain results; and I should not assume a result is normal merely because I have not been contacted. I will seek urgent medical care where clinically necessary rather than waiting for contact from the clinic.

PATIENT NAME

PATIENT SIGNATURE

DATE

If signed by a parent, guardian, substitute decision-maker or authorised representative:

NAME	RELATIONSHIP / AUTHORITY
SIGNATURE	DATE
STAFF MEMBER (OPTIONAL)	DATE ENTERED / REVIEWED