



Patient Information and Consent Form

PATIENT DETAILS

Mr Mrs Miss Ms Mx Dr

First Name *

Last Name *

Preferred Name

Date of Birth *

Is the patient under 16 years of age or Are you signing as a legal guardian of the patient?*

Yes
 No

PATIENT CONTACT DETAILS

Home Phone

Work Phone

Mobile Phone *

I wish to receive sms reminders *

0422595854

Yes
 No

Email

Postcode *

Address *

State *

City / Suburb *

3777

GENERAL PRACTITIONERS DETAILS

GP Name

Clinic Name, Suburb

MEDICARE

Do you have a Medicare Card?*

Yes
 No

Medicare Card No.*

12351548464

Medicare Ref Number*

4

Expiry

26

PRIVATE HEALTH INSURANCE

Do you have Private Medical Insurance?*

- Yes
 No

AGE PENSION /DVA Card

Do you have an Age Care Pension card?*

- Yes
 No

Are you a DVA cardholder?*

- Yes
 No

EMERGENCY CONTACT DETAILS

Name *

ben jones

Relationship *

- Parents Spouse/ Partner Children Friend Other

Best Contact Number *

0401066667

CONSENT

- **Purpose of This Form** - This form explains:
 - How BJC Health collects, stores, and uses your personal and health information.
 - Your rights and responsibilities when accessing our services.
 - Key policies, including privacy, patient code of conduct, cancellation and telehealth.
 - What you are consenting to and how to withdraw consent if required.

Collection and Use of Your Information - We collect your personal and health information for:

1. Providing medical care related to your consultation.
2. Communicating with third parties involved in your care (e.g., Medicare Australia, insurers, government departments, other practitioners involved in your care).
3. Practice management, including audits, staff training, billing, and quality improvement.
4. Research or quality monitoring (using de-identified data where possible)

Use of AI - BJC Health uses AI tools for limited administrative purposes (e.g., clinical documentation during consults, referrer correspondence/letter writing) to improve care and efficiency.

Offshore Data Access - Our services involve data access by BJC Team members or systems located overseas. The data is accessed on Australian servers with appropriate security. These individuals are very much part of the BJC Health team and play an essential role in how we deliver our services.

Privacy and Confidentiality - We respect your privacy and comply with Australian Privacy Principles. By signing this form you consent to our privacy policy which can be obtained:

- at <https://www.bjchealth.com.au/privacy-policy>;
- displayed in our clinic reception area

- or requesting a physical copy from reception

This policy outlines in detail Why, What and How we collect, use, hold and share your personal information.

Your Rights - You have the right to:

1. Access your records or request corrections.
2. Withdraw your consent for any aspect of your care.
3. Receive clear explanations about assessment requirements (including being asked for permission when physical contact is required as part of an examination); treatment options and their associated risks.
4. Make complaints or provide feedback without fear of retribution.

Your Responsibilities - You agree to:

1. Provide accurate and complete personal and health information.
2. Notify us of changes to your details.
3. Comply to our patient code of conduct. Treating staff and other patients with respect. Inappropriate behaviour will not be tolerated.
4. Comply with payment, appointment and cancellation policies.

Patient code of Conduct - We are committed to providing a safe, respectful, and supportive environment for all patients, families, and staff. We ask that visitors, patients, and accompanying family members adhere to the BJC Health Patient Code of Conduct. This Patient Code of Conduct can be obtained:

- at <https://www.bjchealth.com.au/bjc-patient-code-of-conduct>;
- or requesting a physical copy from reception

Payment, Attendance and Cancellation Policy

- BJC Health does NOT offer account facilities – all treatments MUST be paid for at the time of consultation.
- Where applicable, BJC Health will claim your Medicare benefit online when processing your payment, unless advised otherwise.
- Where applicable (Allied Health only), BJC Health can claim your Private Health fund rebate when processing your payment, unless advised otherwise.
- Please inform us at least 24 hours in advance if you need to cancel or reschedule. Short-notice cancellations or missed appointments may incur a fee.
- Repeated cancellations may lead to a review of your ongoing care with us.
- Fees to note:
 - \$20 processing fee for rewriting of prescriptions, pathology/ radiology referrals, travel medication letters, and miscellaneous reports or letters.
 - \$30 administration fee for a compassionate supply of biologic medications

Telehealth Consent - By signing this form, if a telehealth consultation is conducted you agree to participate in telehealth consultations via secure platforms. During telehealth sessions:

- You must be in a private, safe location. Please advise otherwise if not.
- If the connection drops, we will attempt to reconnect or call you.

Email Address Consent - By signing this form, you agree to receive email correspondence about BJC and information relevant to your care. You will always have the option to "opt out" from receiving such communications from us using the unsubscribe option.

Non-Consent Scenarios - If you choose not to consent to certain uses of your data, we will discuss alternative options for your care. If alternatives are not feasible, we will recommend transferring your care to another provider.

Perpetuity and Updates to Policies - By signing this form, you provide your consent for the collection, use, and disclosure of your personal and health information as described. This consent remains valid for the duration of your relationship with BJC Health unless you withdraw it in writing.

BJC Health reserves the right to update its privacy policy and operational procedures to comply with legal or technological changes. Any material changes will be communicated to patients via:

- Notifications on our website <https://www.bjchealth.com.au/>.
- Email (if contact details are provided).
- Printed notices available at our reception.

If a change materially alters how your personal or health information is handled, we will seek your explicit consent when required by law.

You retain the right to withdraw consent or request clarification regarding updates by contacting us directly.

PATIENT DECLARATION

I have read and understood this form. I consent to:

1. The collection, use, and disclosure of my personal and health information as described.
2. The use of AI tools where relevant.
3. Data accessed by overseas BJC Health team members
4. The use of telehealth platforms for consultations.
5. The use of your email address
6. The policies outlined, including patient code of conduct, payment, attendance and cancellations.

I understand I can withdraw my consent at any time by notifying BJC Health.

*

Any further questions relating to this form can be sent to admin@bjchealth.com.au or call the clinic on 1300 252 698.

Patient Signature *



Today's Date

10/12/2025