

*Dr Mark Sywak
Endocrine Surgeon*

WELCOME! PLEASE TAKE A MOMENT TO COMPLETE THIS CONFIDENTIAL FORM

Title: Mr · Master <input type="checkbox"/> Mrs · Miss · Ms · Dr ·
Surname:
Given Name(s) as on Medicare card:
Date of Birth:

Home Phone Number:
Work Phone Number:
Mobile Phone Number:
E-Mail:

Home Address:
Post Code:

Occupation:

Referring Doctor Details I was referred by my: General Practitioner · Specialist ·
Name:
Suburb:
General Practitioner Details As Above ·
Name:
Suburb:

Medicare Number:	Ref No.:	Expires:
	<i>(Found left of your name)</i>	
OR - Department Veteran Affairs File Number (see card):		

Private Health Insurance Details – Do you belong to a health fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Fund:	Main Contributor's Name:
Membership Number:	Ref No.:
Level of Cover: Private Treatment in a: Private Hospital · Public Hospital ·	

Payment Details – IMPORTANT INFORMATION

The fee for the initial consultation with Dr. Sywak is \$160, and subsequent consultations in a single course of treatment are \$90. If an ultrasound is performed the fee is \$90-\$95. Medicare refunds part of these amounts. The first post-operative check ups are included in the private hospital surgery fee. If you had your surgery as a public patient in a public hospital a \$90 fee will apply.

“Fees are payable at the time of service”

For payment we accept:

EFTPOS, Visa, MasterCard, American Express, Cash and Cheque

MEDICARE CLAIMING ONLY AVAILABLE IF YOU HAVE AN EFTPOS (CHEQUE OR SAVINGS) CARD PRESENT

**Mark S Sywak MB BS MMedSci FRACS
Endocrine Surgeon**

Health Records and Information Privacy Act 2002

The Health Records and Information Privacy Act 2002 require medical practitioners to obtain consent from their patients to collect, use and disclose the patient's personal information.

Collection – this means that we will collect information that is necessary to properly advise and treat you. Such necessary information may include:

- Full medical history
- Ethnicity
- Medicare details
- Genetic information
- Family medical history
- Contact details
- Private health fund details
- Billing / account details

The information will normally be collected directly from you and/or your referring doctor. There may be occasions when we will need to obtain information from other sources, for example:

- Other medical practitioners, such as former GPs and specialists
- Other health care providers, such as psychologists, physiotherapists, dentists, nurses, chemists
- Hospitals or day surgery units
- Pathology and radiology practices

Both my staff and I may participate in the collection of this information. In emergency situations we may need to collect personal information from relatives or other sources where we are unable to obtain your prior express consent.

Use and Disclosure – with your consent, your information will be used and disclosed for purposes such as:

- Account keeping and billing from/for Dr Mark Sywak.
- Referral to another medical practitioner or health care provider.
- Claiming from Medicare and your health fund on your behalf when required.
- Sending of specimens, such as blood or tissue samples for analysis
- Referral to a hospital for treatment if advisable
- The management of our practice in relation to bookkeeping, debt collection & taxation audit
- Quality assurance, including development by Dr Sywak of a database for surveillance of patient treatment outcomes, his accreditation, complaint handling and surgical audits.
- To meet our legal obligations of notification to Dr Sywak's medical indemnity insurers
- To prevent or lessen a serious threat to Public Health or safety where **legally required to do so**, such as producing records to court, mandatory reporting of child abuse or the notification of diagnosis of certain communicable diseases.
- For medical student training where your medical information and age (not your name, address or phone number) would only be used for research projects and training of medical students.
- For Cancer Council registry of cancer diagnosis/pathology and further providing contact details for cancer research projects specific to the NSW Cancer Council.
- For surgical research projects complying with strict protocols and approved by a Human Research & Ethics Committee-**YOU WILL BE PROVIDED WITH SEPARATE INFORMATION SHEETS AND CONSENT FORMS TO READ AND SIGN.**

CONSENT

I hereby provide my consent to Mark Sywak and staff to collect, use and disclose my personal information as outlined above (except where you have deleted where applicable to your removal of consent)

I understand that I am entitled to access my own health records except where access would be considered unreasonable.

Apart from my referring doctor, **I hereby permit my condition to be discussed with the following people** (e.g. other doctor, spouse, family member, friend) and may add/withdraw my consent in writing to add/remove same:

Name:

Name:

Name:

Name:

I understand I may withdraw my consent as to use and disclosure of my personal information (except where legal obligations must be met).

Patient Signature: _____ **Date:** _____