

## **New Patient Information**

Welcome to Geelong Diabetes and Endocrinology (GED). Our mission is to offer the highest level of private health care in the field of diabetes and endocrinology in Geelong and South West Victoria, and we pride ourselves on offering our patients outstanding customer service and care. We hope to make your involvement with us as easy and stress free as possible. You may find the following information helpful.

**Fees:** As we are a private practice, we do not bulk bill. Fees charged will vary according to the type of consultation, i.e. length and complexity. A rebate can be claimed from Medicare; however there is usually a gap between the doctor's fees and the amount that Medicare will reimburse you. This will result in an out of pocket expense to you. **Full payment is required at the time of consultation**, after which you can claim your rebate from Medicare (TAC or Workcover if this applies). You may pay with cash or by EFTPOS, Visa or Mastercard. If accounts are not paid on the day, there is an additional \$20 account keeping fee. We offer on the spot Medicare rebate claiming after you have paid your account in full. If your bank details are registered with Medicare, we can lodge your claim with Medicare and your rebate will be deposited into your account within 2-3 working days (sometimes even sooner).

**Repeat Prescriptions:** There is a charge for repeat prescriptions outside of a consultation of \$15.

**Cancellations:** We have an extensive waiting list of patients wanting to be seen. At present there are many more patients who require care than we can offer appointments to. To keep waiting lists down, if you are unable to attend your appointment, we require **24 hours notice** to enable us to put another patient in your place. **24** hours notice is required or a non-attendance fee will be charged.



Location and Parking: We are conveniently located at 248 Malop Street, Geelong. Free one hour parking is generally available in Malop Street. Our rooms are accessible by wheel chairs and prams. There is disabled car parking available at the rear of our premises. Please discuss this requirement with our administration team.

**Appointment Scheduling:** Our Doctors have many demands on their time, and on occasions, we may need to change your scheduled appointment. We will always try to avoid doing this, but sometimes rescheduling your appointment is our only option. If we do request you to change your appointment, we will try to fit in with your availability as much as possible.

**Appointment Times:** All efforts are made for you to be seen at your appointment time. However please allow yourself sufficient time for your appointment as the waiting time <u>may</u> extend to 1 hour.

**Patients with Diabetes:** Patients with diabetes are kindly requested to bring their glucose meters and monitoring records to their appointments. Patients presenting for licence renewals are also requested to bring their last eye report (if possible).

**Referrals:** To claim a Medicare rebate for your appointments with our Endocrinologists you will require a referral. Referrals from GP's are valid for 12 months (unless they are marked 'indefinite') and referrals from other specialists/surgeons are valid for 3 months. It is your responsibility to make sure your referral is valid.



248 Malop Street, Geelong, VIC 3220

Phone (03) 5201 6944 Fax (03) 4206 7050

**Other Services Available:** Geelong Endocrinology and Diabetes aims to offer you a 'one stop shop' to support you in managing your diabetes or endocrine conditions. A range of allied health professionals are co-located at our practice. If you are interested in seeing a Diabetes Educator, Dietitian or Podiatrist please enquire with our reception staff or discuss with your Doctor.

**What Do You Think?** Your feedback can help us to deliver the best quality health care possible. Our Practice Administration Team is always happy to receive your feedback.

**Our Privacy Policy:** Geelong Endocrinology & Diabetes Services (GED) takes their responsibility under the Heath Records Act 2001 (Vic) and the Privacy Act 1998 (Cth) seriously and we take all reasonable steps in order to comply and protect the privacy of the personal information that we hold. GED privacy policy is summarised below, however should you like the full version, please request it at the GED reception.

**Collection of Information:** GED collects information from you so that we may properly assess, diagnose, treat and be proactive in your healthcare needs. The information we collect may include: personal details (name, address, date of birth, Medicare number), your medical history, notes made during the course of the medical consultation, referral to other health service providers, results and reports received from other health service providers; and credit card or direct debit information for billing purposes.

**Use and Disclosure:** All members of the professional team involved in your care will have access to your personal information. This means we may use and disclose the information you provide in the following ways.

- Disclose to others involved in your health care, including treating doctors, pathology services, radiology services and other specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Administration purposes in running our medical practice, including our insurer or medical indemnity provider and quality
  assurance and accreditation bodies. Our staff are trained in the handling of personal information in accordance with the
  Practice Privacy Policy.
- Billing purposes, including providing information to your health insurance fund, the Health Insurance Commission (Medicare) and other organizations responsible for the financial aspects of your care.
- Where required by law, for example, pursuant to a subpoena.
- To insurers or lawyers for the defence of a medical claim.
- Assisting with training and education of other health professionals.

**Your right of access**: Under law you have a right to access personal information we hold about you. Please contact our Practice Manager for more information on our Access to Medical Records Policy. We ask that you put your request in writing, and charges may apply for the printing of medical records.

**Withholding your personal information**: You are not obliged to give us your personal information. However, if you choose not to provide GED with the personal details requested, it may limit our ability to provide you with full service. We encourage you to discuss your concerns with our reception staff prior to your first consultation or with your Doctor.

**Making a complaint:** If you have a complaint regarding the way your personal information has been handled by our practice, please put it in writing and send it to our Practice Manager. We will acknowledge receipt of your complaint within 14 days and endeavour to provide a full response in 30 days of receipt. Should you be dissatisfied with our response, you may lodge your written complaint with Victorian Privacy Commissioner at <a href="https://www.privacy.vic.gov.au">https://www.privacy.vic.gov.au</a> and/or the Victorian Health Services Commissioner at <a href="https://www.health.vic.gov.au">https://www.health.vic.gov.au</a>.

If you have any further queries, please do not hesitate to contact us:

Dr Natalie Harrison (Endocrinologist)
Dr Michael McNamara (Endocrinologist)
Dr Karen Dwyer (Nephrologist)

Dr Kimberly Cukier (Endocrinologist) Dr Jaideep Kulkarni (Endocrinologist) Sharon Lewis (Practice Manager)



## **PATIENT INFORMATION AND CONSENT**

(Mr/Mrs/Miss/Ms) First Name:	Surname:	DOB:			
Address:					
Postal Address (if different to abo	ve):				
Home Ph:	Work Ph:	Mobile:			
YES / NO for SMS appointment reminder (please circle)					
Email:					
	knows you will be attending an appointment at GE				
		Relationship:			
Home Ph:	Work Ph:	Mobile:			
		Relationship:			
		Mobile:			
MEDICARE/PRIVATE HEALTH ETC					
		Expiry Date:			
	_Level of cover:				
7		Practice:			
	ng Dr):				
		nation contained in the Geelong Endocrinology and			
Diabetes Services Privacy Policy, i  the types of personal information which my personal information that I may request access to a Information Policy. I will be pre- that I may request an amenda for amendment is denied; that my personal information that I am not obliged to provability to provide me with full that I have the right to lodge	ncluding: ation collected by the Practice, the reasons why is on may be used or disclosed; my personal information, which may be granted is rovided with a written reason if access is denied; ment to my personal information if it is incorrect.  will not be used for direct marketing or disclosed wide the Practice with my personal information, be service.	it is necessary to collect it and the circumstances in accordance with the Practice's <i>Access to Personal</i> I will be provided with a written reason if a request			
Signed		Data			

(Patient or Parent/Guardian)



## **Patient Medical Conditions Questionnaire**

Please Tick		Medical Condition	Details
Yes	No		
For pat	ients wit	h Diabetes please answer the followi	ng:
		Diabetes?	Year of Diagnosis of Diabetes:
		Currently taking insulin?	Year commenced insulin:
		Dizziness on standing up?	
		Vomiting after meals?	
		Diabetes related eye problem?	Details:
			Name of eye specialist or optometrist:
			Month and year of last diabetes eye review:
		Do you see a podiatrist regularly?	
		Have you ever had a foot ulcer?	
		Do you get pain in your calf that stops you walking?	Walking distance after which pain occurs:
		Burning, tingling, painful feet?	
Other N	Medical C	Conditions	
		High blood pressure, or on treatment for blood pressure?  High cholesterol, or on treatment	
		for cholesterol?	
		Current smoker?	Number of cigarettes daily:
		Ex-smoker?	Year ceased:
		Heart attack?	
		Coronary artery stent or angioplasty?	
		Coronary artery bypass surgery?	
		Heart failure?	
		Thyroid problem?	Details:
		Asthma?	



Please List any other medical conditions you have:					
Please list any operations/surgery you have had in the past:					
Please list your current medications:					
Name of medication	Tablet strength	Number of tablets and time of day			
	eg. 150 mg	taken eg. 2 tabs at breakfast			