

Please Print Clearly

Your Personal Details

Family Name: _____

Given Name: _____

Previous Name/s: _____

Date of Birth: / / Gender: _____

Phone: _____

Address: _____

Postcode: _____ State: _____

Postal Address (if different from above): _____

Postcode: _____ State: _____

Email: _____

Parent/Guardian/Emergency Contact:

Name: _____

Date of Birth: / /

Relationship to Patient: _____

Phone: _____

Email: _____

Parent 2/Guardian 2

For Minors Only: To be completed only if Parent/Guardian above grants permission for a second parent or guardian to access this minor's medical record:

Name: _____

Date of Birth: / /

Relationship to Patient: _____

Phone: _____

Email: _____

Your Account Details

Medicare No:

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Reference No: _____

Expiry: / /

DVA File No: _____

Expiry: / /

Gold Card White Card

If White Card, specify condition: _____

Pension or Health Care Card:

Pension Health Care

Pension/Health Care Card No: _____

Privacy Consent

I consent to Keystone Radiology (trading as Sovereign Radiology, High St Xray, or Shepparton Nuclear Medicine) to collect, store, use and disclose my personal and health information in accordance with the Keystone Radiology Privacy Collection Notice and Consent overleaf, including sending my results/images to my medical practitioner, healthcare provider or medical imaging provider, including fax or electronic communication.

Yes No

SIGN BELOW



Keystone Radiology - Privacy Collection Notice and Consent

By registering as a patient, you consent and authorise us to collect, use and disclose your personal information as described in this notice and in our privacy policy (<https://keystoneradiology.com.au/privacy-policy/>).

This notice explains how we (Keystone Radiology Pty Ltd, trading as Sovereign Radiology, High Street X-Ray and Shepparton Nuclear Medicine, and its associated entities) handle your personal information (including health information) when you become a patient of one of our clinics.

This notice covers:

- the information you provide in this form;
- your imaging / test results and our medical records about you; and
- other information we may collect in the course of providing you with treatment or other services (for example, information we receive from your referring Healthcare Professional and/or Medical Specialist or from the organisation that is funding your treatment).

Generally, we only collect personal information that is necessary for us to provide you with the services and treatments you have requested and to operate our business (including billing and claims administration). If you do not provide (or authorise us to collect) the information that we request (such as the information in this form), we may not be able to accept you as a patient or provide you with the services or treatments you request.

We also collect, use and disclose your personal information about you where we are required or authorised by law (for example, where you are making a claim under statutory workers' compensation or transport accident compensation schemes).

We may share your imaging / test results and other health information with other relevant organisations that are involved in:

- providing you with healthcare treatment that are connected to the imaging / testing or treatment that you are receiving at our clinics (such as your referring Healthcare Professional and/or Medical Specialist, and other healthcare providers in your broader treatment team); or
- funding that treatment (such as your insurer, or the government agencies that administer any statutory compensation scheme that you are using).

We also use third party service providers to assist us with certain functions, including the delivery of imaging / test results, the handling customer support enquiries and processing of transactions.

We do not generally disclose personal information to recipients located outside Australia.

Our privacy policy provides more detailed descriptions about how we collect, use and disclose patient personal information. It also explains how you can request to access or correct any personal information that we hold about you, and how you can make a privacy complaint (including how we will deal with any such complaint).

If you have any questions, concerns or complaints about how we handle your personal information, please speak to our clinic staff or email us at privacy@keystoneradiology.com.au.