

## NEW CLIENT REGISTRATION, PRIVACY & CONSENT FORM

*Five Forks Wellness* is committed to providing our clients with the best possible nutrition care. To do this, it is essential that your health information is accurate and kept up to date. Could you please assist us in this process by completing the following personal and health information:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: \_\_\_\_\_ Medicare No. \_\_\_\_\_ Ref: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Usual GP: \_\_\_\_\_ Clinic Location: \_\_\_\_\_

### PRIVACY AND INFORMATION COLLECTION CONSENT

*Five Forks Wellness* needs to collect information about you for the primary purpose of providing a quality service to you. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you. If you do not provide this information; we may be unable to treat you. This information will also be used for:

- The administrative purpose of running the practice;
- Billing either directly or through an insurer or compensation agency;
- Use within the practice if discussing or passing your case to another practitioner within the practice for your ongoing management;
- Disclosure of information to your doctors, other health professionals or to teachers to facilitate communication and best possible care for you; and
- In the case of insurance or compensation claims it may be necessary to disclose and/or collect information that concerns your return to work to an insurer or your employer.

*Five Forks Wellness* has a Privacy Policy, which provides guidelines on the collection, use, disclosure and security of your information. This Privacy Policy contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how we will deal with such a complaint.

To ensure quality health care and treatment can be provided, information about your health/nutrition/dietetic assessment, diagnosis, intervention and progress may be given to other relevant service providers, who are involved in your management. These may include your doctor, medical specialists, allied health professionals, teachers and insurers.

I understand and accept that:

- it is my choice as to what information I provide and that withholding or falsifying information might act against the best interests of my assessment and therapy progress;
- I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate; and

- if in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me.

**EMAIL AND TEXT MESSAGE COMMUNICATION CONSENT**

The risks of communicating by email and / or text message include but are not limited to:

- Email and text can be circulated, forwarded and stored in paper and electronic files;
- Backup copies of email/text may exist even after the sender or the recipient has deleted his/her copy;
- Email/text senders can easily misaddress an email or email can be received by unintended recipients;
- Email/text can be intercepted, altered, forwarded or used without authorisation or detection;
- Employers and online services have a right to archive and inspect emails transmitted through their systems;
- Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

I have read, understand and agree to the following terms and conditions:

- I give consent for myself / my child to receive Nutrition/Dietetic services from *Five Forks Wellness*.
- I have informed *Five Forks Wellness* of any previous or existing medical conditions, allergies or other conditions which may impact or affect the assessment, diagnosis, intervention and/or monitoring of my child's / my health and nutrition / dietetic care.
- I have been provided with or have been given an opportunity to obtain a copy of *Five Forks Wellness* Privacy Policy.
- I consent to communication via email and text message where practical for administrative purposes and/or clinical care.
- I understand that *Five Forks Wellness* will take reasonable steps to ensure my privacy and confidentiality throughout all methods of communication and correspondence.
- I understand the risks of communicating via email and text message and that *Five Forks Wellness* cannot guarantee confidentiality of information transferred in these ways.

I have read, understand and agree to the above information. I understand that I am not obliged to provide any information, but failure to do so may compromise the quality of my / my child's health care and the therapy / treatment able to be provided.

Client Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ (if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_