



Patient Label

Patient Admission Details

Surname: _____ Given Name _____

Date of Birth: ____/____/____

Home Address: _____

Suburb: _____ Postcode: _____ State: _____

Phone: _____ Email: _____@_____

Marital Status: _____ Occupation: _____

Cultural Identity

Are you Aboriginal or Torres Strait Islander: No Yes - Aboriginal Yes - Torres Strait Islander Yes - Aboriginal and Torres Strait Islander

Ethnicity: Do you identify as someone from a culturally and/or linguistic diverse background? No Yes _____

Country of Birth: _____

Your GP or Medical Clinic Details (a copy of your pathology results will be sent to this Dr)

Drs Name: _____ Clinic Name: _____

Drs Address: _____

Emergency Contact

Name: _____

Contact No: _____ Relationship: _____

Is this person aware of your circumstances? No Yes

Do you consent to HPWH staff providing pick up details to this person? No Yes

Health Care Identifiers

Medicare Card No: _____ Ref: _____ Expiry: _____

Healthcare Card No: _____ Expiry: _____

Insurance Fund: _____ Membership Number: _____

Patient's Rights and Responsibilities

These rights apply to all people in all places where healthcare is provided in Australia. That charter describes what you or someone you care for, care expect when receiving health care.

I have the right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected.

Partnership

- Ask questions and be involved in an open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so that I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance when I need it to help me understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe.

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give Feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services.

I have the responsibility to ensure that I:

- Participate and cooperate with an agreed treatment plan or inform staff of my intention to not comply
- Am considerate to staff and other patients, treating them with courtesy and respect
- Provide the relevant information about my health to assist the staff involved in my care, including the possibility of infectious diseases
- Inform staff if I am covered by any special benefits / schemes
- Contribute to a safe and comfortable environment in relation to noise, alcohol, smoking and illicit drugs
- Am able to meet the financial obligations and pay the fees and accounts for which I am responsible

For more information ask a member of staff or visit [safetyandquality.gov.au/your-rights](https://www.safetyandquality.gov.au/your-rights)