

Client Registration Form



* **Mandatory Information Required** - Please use a black pen to complete this form

Title: _____ *Family Name: _____

*Given name: _____ Middle Name: _____

Preferred Name: _____ *Date of Birth: _____

*Sex: _____ Gender Identity: _____ Pronouns: _____

*Ethnicity: Australian, non-indigenous Aboriginal but not Torres Strait Islander Torres Strait Islander but not Aboriginal Aboriginal and Torres Strait Islander

Country of birth: _____ Year of arrival (if not born in Aus.): _____

* Referred by GP Self HHS Other (please specify): _____

*Preferred Language: _____ Require Interpreter: Yes No

*Address: _____

*City/Suburb: _____ *Postcode: _____

Postal Address: Same as residential

Home Phone: _____ Work Phone: _____

* Mobile Phone: _____ * Email: _____

Preferred contact method: Email Phone SMS (default)

Opt-out De-Identified Data Extraction: Yes

Medicare No.

 IRN: Expiry: _____

Pension/HCC No:

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 Expiry: _____

Pension Card Type: Health Care Pension Seniors

DVA No:

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 Type: _____

Usual GP: _____ Phone: _____

GP Address: _____ Postcode: _____

Health Fund: _____ No: _____ Expiry: _____

Student card No: _____ Expiry: _____

Next of kin: _____ Phone: _____

Emergency contact: _____

Relationship: _____ Phone: _____

* I (print name)	have received my confidential information sheet.
* Signature	Date

ADMIN USE ONLY

Profile no:	Location:	CTG: Yes / No / NA
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True Relationships & Reproductive Health (True) requires your consent if you would like the clinic to communicate with you via email and/or SMS.

This consent form refers to consent for both SMS and email communication. Please select your preferred method and mode of contact/s. You can change this at any time. This form also asks for your consent for research purposes and the use of de-identified client information in certain circumstances.

To read True's *Privacy and Confidentiality Policy*, refer to our website at www.true.org.au

Client name: _____

Client DOB: _____

Tick agreed method/s of contact & details:

Client SMS number: _____

Client email address: _____

Risk of using email

Communicating information by email has a number of risks that you should consider. These include but are not limited to, the following:

- Email can be circulated, forwarded, stored electronically and on paper and broadcast to unintended recipients.
- Email senders can easily incorrectly address an email.
- Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
- Employers and online services have a right to inspect email transmitted through their systems.
- Email can be intercepted, altered, forwarded or used without authorisation or detection.
- Email can be used to introduce viruses into computer systems.

Use of email between you and True.

Email communication between you and True will be limited to:

- Sending results, reminder notifications and recalls for follow-up
- Sending your results or referrals to another healthcare provider (outside True)
- Updates to your personal information
- Education factsheets and procedure instructions

Conditions for the use of email

True cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. True and you consent to the following conditions:

- You will not communicate with True via email for urgent or emergency situations.
- True will not use email in place of a consultation with you.
- You understand that email communications between you and True may be recorded on your file.
- True clinical and/or administration staff may receive and read or respond to your messages.
- True will not forward patient-identifiable emails outside of True without your prior written consent, except as authorised by you or required by law. Refer to True's *Privacy and Confidentiality Policy*.
- You and True will not use email to book appointments. You must call the clinic reception if you require an appointment.

Conditions for use of de-identified information for research purposes and data reporting

At times True may use some of your client information (age, gender etc.) for the purpose of research, both from an internal perspective and in a partnership with an external agency (University etc.). The use of this information is contained in True's *Privacy and Confidentiality Policy* which can be accessed via our website at www.true.org.au. No identifying information will be shared or contained in any research projects that True undertakes. If you wish to opt out at any time, contact True and express this in writing.

Data extraction is used for reporting back to Queensland health and other funders, no identified data is used, only number of clients and type of appointment. If you do not wish to have your attendance recorded in this reporting, please tick the opt-out option on the client registration form.

Client acknowledgement and agreement

I, _____ (print full name) acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between True and me.

Client's signature: _____

Date: _____
