

Wye Medical Centre

131-133 Wye Road

Wye NSW 2259.

Form to register as a New Patient and Authority to Release information

(to comply with the Privacy Act, December 2001)

Dear Patient

Please complete the details on the following forms. This information will be electronically entered into your clinical file and may be released to a third party if it is vital to your ongoing medical care. For example, it may be necessary to release relevant information to another General Practitioner, Specialist, or Allied Health Practitioner. Your signature on these documents is your authority, agreeing to the release of this information should one of our General Practitioners deems that it is warranted.

Patients Name:give Wye Medical Centre permission to collect, refer to and disclose any of the relevant personal information I have provided on these forms. It is my responsibility to advise of any of the information that I decide I do not want to be released.

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Patient or Guardian's signature

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Date: