# Patient Information Template

## Purpose

The purpose of this template is for your practice to be able to provide a cohesive source of information to be used for patient communication. This template will support your practice for accreditation under RACGP’s 5th edition Criterion as outlined below.

While all effort is made to keep the links and sources of information up to date and current, there may be changes since last review.

*This information is a guide only and subject to change without notice.*

|  |  |  |
| --- | --- | --- |
| C 1 | COMMUNICATION AND PATIENT PARTICIPATION | |
| C 1.1 | Information about your practice. | |
| C 1.1 A This indicator must be met in order to meet the criterion. | Our patients can access up-to-date information about the practice. At a minimum, this information contains: - our practice's address and telephone numbers - our consulting hours and details of arrangements for care outside normal opening hours - our practice's billing principles - a list of our practitioners - our practice's communication policy, including when and how we receive and return telephone calls and electronic communications - our practice's policy for managing patient health information (or its principles and how full details can be obtained from the practice) - how to provide feedback or make a complaint to the practice - details on the range of services we provide. |  |

# << Insert Practice Name and Logo >>

## Practice Contact Details

|  |  |
| --- | --- |
| **Address** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |
| **Website** |  |

## Hours of Operation

*<<include After-hours/Public Holidays/Weekends>>*

## Medical Practitioners

|  |  |  |
| --- | --- | --- |
| **Doctor** | **Special Interest** | **Languages other than English** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Practice Staff

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Other Information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Appointments

Sample text:

*Our Medical Centre offers an online booking service through <<insert booking software name>>, alternatively please phone the practice to book an appointment.*

*Every effort will be made to accommodate your preferred time and preferred doctor.*

*We recommend that you schedule a longer appointment for women’s health, musculoskeletal injuries, mental health consultations or if you wish to discuss several issues with your GP.*

## Interpreter Service

Sample text:

*If you or a family member require an interpreter service, we can organise this for you. Please let us know when you make the appointment*

## After Hours and Emergencies

Sample text:

*If you require after-hours care, please phone (xx) xxxx xxxx and follow the instructions for the after-hours service. For all emergencies, please attend the Emergency Department at <<insert hospital name>> or call 000.*

## Home Visits

Sample text:

*Although the preference is for patients to attend the clinic, Doctors and other practice staff will make visits to regular patients of our practice where it is safe and reasonable.*

*These visits may be to patients in their homes, residential aged care facility, residential care facility, or hospital both within and outside normal opening hours where such visits are deemed safe, and where the patients are acutely ill, immobile and elderly or have no means of transport to the practice.*

*Telehealth appointments are also an option. Please call reception on xx xxxx xxxx to discuss any home visit need.*

## Fees and Billing Arrangements

Sample Text:

*We are a private billing practice and charge fees for services.*

*• A standard consultation fee is $xx. A reduced fee of $xx is available to health care card holders. Please note that In-person and telehealth appointments are charged at the same rate.*

*• Bulk Billing is available to children aged under 16, and aged pension and disability pension card holders or at the discretion of your doctor.*

*• Payment is expected at the conclusion of your consultation. If an account is taken for later payment the relevant fee will be increased by a $xx handling charge.*

*• Longer appointments will incur additional fees. These will, however, incur the same out of pocket "gap payment" as a standard consultation.*

*• Your doctor will discuss fees for procedures with you.*

## Cancellation Policy

Sample Text:

*For cancellations we require adequate notice if you are unable to make your appointment. A cancellation fee of $xx.xx may apply for non-attendances payable prior to your next consultation.*

## Phone and Email

Sample text:

*To provide the highest quality and safety of care for our patients, our practitioners prefer to see patients to discuss their healthcare. Phone and email messages will be passed on to your practitioner where appropriate.*

## Results

Sample text:

*Patients are requested to phone reception or schedule an appointment to receive their test results. Patients will be asked to confirm their name, address and date of birth for privacy reasons prior to being given test results over the phone. Results will only be released directly to the patient, legal guardian of the patient or a medical power of attorney; unfortunately, we cannot release results to family members.*

## Reminder System

Sample text:

*Our practice is committed to preventative care. We may issue you with a reminder notice from time to time offering you preventative health services appropriate to your care. If you do not wish to be part of this system, please let us know at reception.*

## Patient Health Information

Sample Text:

*If you wish to transfer your health record to our clinic from another clinic, please complete the Transfer of Medical Records form. Fees may be charged by the other clinic.*

*If you wish to transfer your record from this clinic to another clinic, please ask the new clinic/provider to arrange for this to occur. This may incur a small administration fee payable by you.*

## Patient Feedback

Sample text:

*If you are not satisfied with our service, please contact us. We take complaints seriously and aim to resolve them quickly and fairly. If you remain dissatisfied with our response, you may contact the Health Complaints Commissioner (HCC). The HCC responds to complaints about health services and the handling of health information in Victoria. Their service is free, confidential and impartial.*

*To lodge a complaint with the HCC: Fill out a complaint form online at* [*www.hcc.vic.gov.au*](http://www.hcc.vic.gov.au) *or phone 1300 582 113 between 9am and 5pm, Monday to Friday to discuss your complaint.*

## Medical Students

Sample text:

*Our practice proudly supports the next generation of medical students from XXXXX University, as well as nursing students from XXXXXX University.*

*Signage is placed in the waiting area when we have medical and nursing students in the medical centres, and consent forms are available for patients to sign. Please let reception or your practitioner know if you do not wish to participate in a student consultation.*