

Dr Denise Nesbitt

HUNTER OBSTETRICS AND GYNAECOLOGY

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OBSTETRICIAN AND GYNAECOLOGIST
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During the course of your care with Dr Nesbitt, there may be times that you will need to call for results for yourself or your partner. Under the Privacy Act, we are unable to give information to other parties without your written permission. In order for us to be able to give these results to each party, it is necessary for us to obtain written permission.

If you are happy to have your information discussed, please complete the form below and return it **via email prior to your appointment**. This will allow us to note this on your records.

I, _____ of _____

consent to the following information, including:

Appointment: Yes ☐ No ☐

Results: Yes ☐ No ☐

Medical Information: Yes ☐ No ☐

being released to: (other than your referring doctor) i.e. next of kin etc

Name:

Relationship:

Contact Details:

And/or

Name:

Relationship:

Contact Details:

Where applicable, do you consent to Dr Nesbitt and staff contacting your private health fund to confirm you are covered for treatment or delivery at Newcastle Private Hospital?

YES ☐ NO ☐

I am happy to receive information regarding appointments via SMS YES ☐ NO ☐

I am happy to receive information via email YES ☐ NO ☐

If yes, my email address is:

Signature:

Date: / /