

门诊预约提醒、留言 & 电子邮件

Please advise the front desk staff if you do not wish to receive SMS reminders, or any other message or emails. 如果您不希望收到短信提醒或任何其他留言或电子邮件，请通知前台工作人员。

- *I consent to receive SMS reminders, messages and emails. 我同意收到短信提醒、留言或电子邮件。*
。 **Yes 同意** **No 不同意**

隐私条约

I understand that this practice handles personal information in accordance with the National Privacy Principles enshrined in the Privacy Act 1988 (Commonwealth) and as outlined in the Privacy Statement. 我理解此诊所是根据 1988 年的隐私法(Commonwealth)所规定的国家隐私法则与诊所隐私声明原则来处理私人资讯。

- *I consent to the handling of my information by this practice for the purpose of providing quality health care, administrative billing purposes and communication with other treating allied health professionals e.g. physiotherapist. 我同意此诊所为了以提供优质的医疗保健、费用文书管理和与其他合作治疗的专业医疗人士沟通之目的来处理我的资讯，例如物理治疗师等。*
 Yes 同意 **No 不同意**
- *I also give permission for medical information to be obtained from any other source in order to help with my treatment. 我同时也允许此诊所为了协助我的治疗之目的，而从其他出处取得我的医疗纪录。* **Yes 同意** **No 不同意**

付款条约

I understand that this practice accepts bank transfer, Visa, MasterCard, and bank cheque only (personal cheque and Amex are NOT accepted). Full payment for the consultation is required at the time of consultation. Outstanding accounts may be referred to a debt collecting service. 我理解此诊所只接受银行转帐、Visa、MasterCard 与银行支票 (诊所是不接受个人支票与 Amex 的)。咨询门诊费用需要当天全额支付。未清帐款有可能会被转交给收债服务。

- *I consent to the payment policy. 我同意付款条约。* **Yes 同意** **No 不同意**

Signature 签名: _____ Date 日期: ____/____/____