
4. Signs or symptoms of the condition when first seen by you:

a) consisted of

b) had commenced on

c) had been present for days

weeks

months

years

5. Are you the patient's usual general practitioner? Yes No

If yes - Did you refer the patient to a specialist? Yes No

If yes - to whom? Name of specialist

Date of referral

Address of specialist

Phone

6. Are you a specialist by whom the patient was treated? Yes No

If yes: By whom was the patient referred to you? Name of referring practitioner

Date of referral

Address of referring practitioner

Phone

7. Medical practitioner's signature

Please print name

Phone

Date

Medical practitioner's stamp or provider number

Please indicate:

General practitioner

Specialist

Dentist

Other

If other, please specify

3 Declaration

You consent to HBF collecting Information (including sensitive information) directly from third parties referred to on this form and to use and disclose the Information as set out in the privacy statement above or, if you are not the recipient of the benefit or service, you give consent on behalf of that recipient.

Signature of patient or guardian

Date

Your privacy

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988 (Cth)* to ensure that your personal (including sensitive) information (**Information**) is protected. HBF will use the Information in connection with your claim collected from third parties (such as medical specialists and practitioners and other health providers) (see the declaration below), to assess and process your claim. We will disclose the Information to the medical referee for assessment to assist us in determining whether to process your claim.

When you make the claim you consent to HBF collecting related sensitive information directly from the third parties described above or, if you are not the recipient of the treatment or service the subject of the claim, you give consent on behalf of that recipient.

The policy holder is responsible for maintaining the policy and paying premiums. So we will disclose information to them about benefit limits and treatment for all persons covered by the policy. We may also disclose the Information to service providers contracted by us to offer you services in chronic disease management or health management.

We may not be able to perform this function or only perform it to a limited extent if you do not provide us with your Information.

We may disclose your personal information to our related companies.

HBF is unlikely to transfer your Information overseas. However, in all such cases, we will take reasonable steps to ensure all entities to whom we transfer your personal information comply with the *Privacy Act 1988 (Cth)*, including ensuring appropriate security measures are taken by those entities to protect your personal information from unauthorised access and use.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy which is available at www.hbf.com.au or on request by calling HBF on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law and how to make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint.

If you have any questions about how HBF handles your Information, please contact our Privacy Officer by writing to GPO Box C101, Perth, Western Australia, 6839 or or by telephone on 1300 883 530.