NOK notification request

Consumer Name:

Aged Care Home:

Neighbourhood/room number:

Date of Birth:

Nominated NOK:

NOK phone number:

NOK email address:

Nominated NOK's will be notified via text message when a GP or Specialist consult has been conducted with the consumer. NOK's will not be provided with detailed medical information via text message by Access Aged Care practitioners. Practitioner's reserve the right to conduct phone calls as necessary and according to the Practitioner's and Home's privacy policies.

Consumer signature

Date

GP/Specialist Medical Records

Name of Clinic:

Attending GP/Specialist:

Phone/fax:

Email:

Please forward a Health Summary that includes the following:

- CMA/Health Assessment
- Recent Pathology results
- Relevant notes
- Specialist letters
- Current medications
- Any other relevant information

AUTHORITY TO RELEASE MEDICAL RECORDS:

I, _____

request that you forward a health summary to Access Aged Care c/- Suite 2, 366-368 Boundary Road, Dingley Village VIC 3172 or via email agedcare@accesstelehealth.com.au on my behalf.

Patient/Authorised Representative signature

Date

What residents and their families say.

What an amazing experience. To be able to attend dad's appointment with his GP, nurse and geriatrician was amazing. I was able to get a better understanding of his dementia and progression. We were able to collaboratively make decisions on his medication management. The specialist was so knowleWdgeable and very patient with me, answering all my questions. Within a day, the specialist had provided his report. What a great service.

Sharon
Family member of Aged Care resident.

access aged care

1300 886 077
agedcare@accesstelehealth.com.au
www.accesstelehealth.com.au

access aged care

Making your care a priority

Why we offer Access Aged Care at our residence.

Why should I opt-in?

When you choose to opt-in to the Access Aged Care service, you will have:

- **Co-Managed model of care with regular Specialist input.**
- **GP and Geriatrician managing health needs.**
- **Access to 24/7 medical care**
- **Registered Nurse to support all clinical needs.**
- **Family involvement via remote access to consultations.**
- **Managed, scheduled care plan to ensure the best possible care of your loved one.**
- **Access to around 15 different Specialties through our extensive network.**

There is no cost involved for you to opt-in to Access Aged Care. All you have to do is let your care provider know you'd like to access this service.

Covid Conscious

Access Aged Care is Covid conscious- our model means that you get continued access to uninterrupted quality healthcare, without the worry of Covid-19. Our nurses attending the home are trained in infection control and the risk of infection is minimized drastically. Our telehealth model allows you to stay in the comfort and safety of your home, without the worry of contact with the Covid-19 virus, and other contagious diseases.

Access Aged Care makes healthcare easy.

Access Aged Care is a service offered at your residence that makes managing your healthcare easier for you and your family.

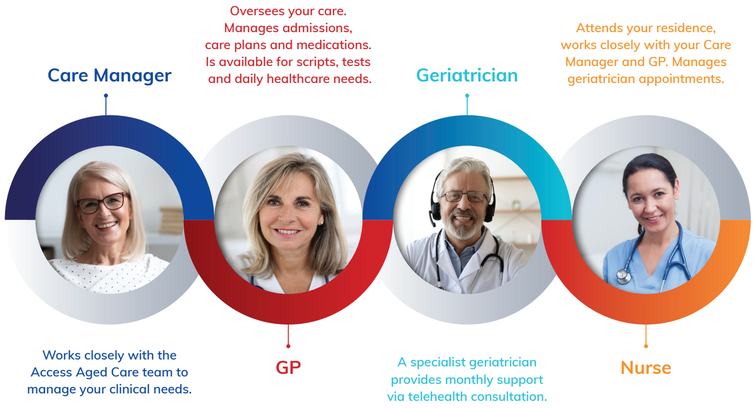
We work closely with your care provider to manage your primary care through a GP, Nurse and telehealth Geriatrician.

By combining onsite and telehealth services with a range of health practitioners including nurses, GPs, allied health professionals and specialists, Access Aged Care is able to create a collaborative care environment that will give you and your family peace of mind.

Improved healthcare for you. Less worry for your family.

Access Aged Care is a collaborative care service.

Your GP, nurse and telehealth geriatrician work together to provide the very best of care and we encourage your family to be involved.



If you'd like to experience the benefits of connected healthcare, all you have to do is let your care provider know.

You opt-in and we take care of the rest.

It's that easy.

A Private Health Experience without the cost.

Access Aged Care is a private health experience at no cost to you.

Accessible specialist care

Should the need arise, you will have access to some of Australia's best medical specialists, all from the comfort of your residence. Remote access and reduced waiting times improve your health.

Support from your loved ones

We encourage your family to be involved in your care. Remote access to consultations is available.

Consumer Authority

Consumer Name: _____

Aged Care Home: _____

Neighbourhood/room number: _____

Date of Birth: _____

Medical/Enduring Power of Attorney: _____

MPOA/EPOA phone number: _____

MPOA/EPOA email address: _____

Medicare number: _____ Expiry: _____

Access Aged Care collects information from you for the purpose of providing quality health care. You will be required to provide us with your personal details and a full medical history so that we may properly assess, diagnose, and treat any medical conditions, and to provide you with the best possible health outcomes.

Your personal information will only be used for the purposes for which it was collected or as otherwise permitted by law, and we respect your right to determine how your information is used or disclosed.

By signing below, you (as a consumer) are consenting to the collection of your personal information, and that it may be used or disclosed by Access Aged Care for the following purposes:

- Administrative purposes in the operation of our service
- Billing purposes, including compliance with Medicare requirements.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this service.
- For legal related disclosure as required by a court of law.
- To comply with any legislative or regulatory requirements, e.g. notifiable diseases.
- For use when seeking treatment by other doctors in this practice.

At all times we are required to ensure your details are treated with the utmost confidentiality. Your records are very important, and we will take all steps necessary to ensure they remain confidential.

I, _____ have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.

_____ _____

Consumer signature Date