



SYDNEY
ADVENTIST
HOSPITAL

Maternity Pre Admission Booklet

SYDNEY ADVENTIST HOSPITAL

Thank you for choosing Sydney Adventist Hospital for your care.

To help you get ready for this special event, we have prepared this booklet containing initial information and forms that you will need to pre-register for your maternity admission to Sydney Adventist Hospital.

PLEASE COMPLETE THESE FORMS

- Admission Form (2 pages)
- Patient History (2 pages)

and bring these with you to your maternity booking appointment, together with the **Hospital Booking Letter** completed by your doctor.

Please print clearly on all forms.

Only complete the **WHITE SECTIONS** of the forms, not the shaded areas (which are for nursing staff and office use only).

We encourage you to arrange your maternity booking appointment at the Hospital as soon as possible during your pregnancy. That way, all of your paperwork is done and everything is ready for you whenever you need us.

To arrange your **maternity booking appointment, please phone** (02) 9487 9908.

YOUR MATERNITY BOOKING APPOINTMENT

You will be attending an appointment at the hospital where you will be given additional information about your maternity admission. This appointment will occur with the Maternity Bookings staff located in the front foyer of the hospital. On arrival please present at the Reception desk for assistance.

At the booking appointment, a midwife will go through your patient history and discuss and arrange pre-natal classes.

If you are unable to keep your maternity booking appointment, please contact us as soon as possible on (02) 9487 9908.

For all other information or enquiries, please contact the Sydney Adventist Hospital Maternity Bookings Department on MaternityEnquiries@sah.org.au or (02) 9487 9902.

SYDNEY ADVENTIST HOSPITAL

Admitting Officer,
Freepost 6, 185 Fox Valley Road,
Wahroonga, NSW 2076

General enquiries: (02) 9487 9111
Patient Admission Fax: 1800 009 522
Doctor Booking Fax 1800 009 111
Website: www.sah.org.au
Admission enquiries: (02) 9487 9903
MaternityEnquiries@sah.org.au

WHAT TO BRING TO YOUR APPOINTMENT

- **All entitlement cards** e.g. Medicare / Safety Net / and Health Fund cards
- All paperwork listed previously
- A deposit of \$100 (\$1,000 for uninsured / overseas clients) is required for your hospital booking. Payment may be made by cash, cheque or any major credit card (EFTPOS is available during normal office hours 8.30 to 4 pm Mon-Fri).

YOUR ACCOUNT

The hospital will provide an estimate of the gap between your health insurance cover and the hospital costs prior to your admission. This will be an ESTIMATE ONLY. As the estimate is prepared using information supplied by your admitting doctor, it is subject to change without notice. Circumstances may also occur during your hospitalisation that will result in changes. Fees for some services cannot be estimated prior to your admission. These services will be listed on your estimate.

Sydney Adventist Hospital (SAH) offers private room, with ensuite accommodation in the Maternity unit. On rare occasions, as baby births are unpredictable, there may be a particularly high number of maternity patients admitted to the Hospital. On these occasions, you may need to share a room with another patient for 24 hours until a bed in a private room becomes available.

Payment for your estimated gap is required before admission. SAH offers several options to pay your estimated gap or other accounts. These are Internet, automated phone payment, BPay, post (cheque or money order only), by phoning us on 02 9487-9900 (credit card) or by presenting in person (cash, cheque, EFTPOS, credit card). You may refer to www.sah.org.au (Pay My Account) for full payment option details or to make a payment.

DOCTOR ACCOUNTS

Accounts from your treating doctors are **separate** and not usually fully covered by your health fund or Medicare. Please contact your treating doctors directly for estimates and / or to settle these accounts.

For some particular procedures and specialists, the Medicare Benefits Schedule falls well short of the relative value of the procedure as determined by the specialist colleges. You should therefore be aware that there may be a significant difference between your doctor's fee and the combined Medicare/health fund rebates. Unless otherwise agreed with your doctor, payment of this gap (out of pocket costs) is your responsibility.

PRIVATELY INSURED PATIENTS

Please check with your private health insurer that your insurance is up to date. The hospital will check on your behalf whether you have an excess or co-payment to pay or if your level of cover or waiting period excludes you from receiving benefits for some conditions. However, it is important that you also check with your private health insurer as co-payments and costs for excluded procedures are your responsibility and waiting periods apply to maternity care for all health funds.

If you have single or couple health fund cover, remember to upgrade to family cover at least four months prior to your expected date of confinement. Family cover is required to cover any unexpected expenses related to the care of your baby eg: Special Care Nursery. Please check with your health fund to ensure you have the correct cover.

UNINSURED PATIENTS

If you do not have health insurance, you will be required to pay the full estimate of your account before your admission.

Fees for additional or unplanned services are payable on the day of your discharge.



YOUR ADMISSION AND STAY

You will receive a more detailed booklet, Maternity, that provides details about your admission and stay during your maternity booking appointment.

KNOW YOUR RIGHTS AND RESPONSIBILITIES

AND

HOW TO MAKE COMPLAINTS OR COMPLIMENTS ABOUT YOUR CARE.

SAH supports the Australian Charter of Healthcare Rights. As a patient you have both rights and responsibilities related to medical treatment.

Please ensure that you take the time to read and understand the information provided on Pages 10-14 of this booklet.



MORE ABOUT YOUR FORMS

To assist with the completion of your forms, please find below a list of definitions.

DEFINITIONS

- An **enduring guardian** can make personal decisions on your behalf, such as where you should live, medical treatment and services you should receive.
- A **power of attorney** can make financial decisions on your behalf, for example disposing of assets or operating your bank account.
- An **Advance Care Directive** refers to written instructions that relate to the provision of health care when a person is unable to make their wishes known. It is sometimes called a 'living will'.

Please provide a copy of your advance care directive at your maternity booking appointment if you have one.



OBSTETRIC HOSPITAL BOOKING LETTER

SAH Patient ID label

MRN
Surname
Given Names
D.O.B

AMO Label

Doctor to complete this form

Patient Details	Title	Surname	Given Name (s)
	Date of birth	Unit / Street No./ Street Address	Home Ph
	Suburb	P/code	Mobile Ph

Clinical Details	Relevant clinical details and co-morbidities		
	NB patients > 180kg cannot be admitted		
	Allergies	Other known infectious risk	

Details for Maternity Bookings	EDC (Estimated Date of Confinement)	LMP (Last menstrual period)	Parity
	<input type="text"/>	<input type="text"/>	G <input type="text"/> P <input type="text"/>

Ante-natal screening test results (if completed)	Blood group	Antibodies	Haemoglobin	VDRL
	Hepatitis	Hepatitis C	Rubella	MSU
	Other			

Regular Medications (if applicable)	
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Other Instruction Notes	
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AMO Signature Date/...../.....

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

OBSTETRIC HOSPITAL BOOKING

MR 1ABO





ADMISSION FORM

office use only

MRN

ACN

Form

Date received

 MR1AB HBL

/ /

 MR26A Patient History

/ /

 MR1C Consent

/ /

 MR1AA Admission form

/ /

Advised costs

 Yes No

THIS HOSPITAL VISIT

Date of Admission

Preferred accommodation (please tick)

			2	0					

 Single Room Shared Room (*Not available for Maternity or Day patients Only*)

Date of Procedure

			2	0					

SAH cannot guarantee that your accommodation preference will be granted as room allocations are based on availability and clinical need. Gap payments will apply for private rooms if your insurance does not cover private room fees. This also applies if your preference is for a shared room and you are allocated a private room.

Admitting Dr's Surname

Initials

Suburb

PERSONAL DETAILS

Have you attended this Hospital as an in-patient or outpatient before?

 No Yes (under what name).....

If this admission is for a child, was the child born at this hospital?

 No Yes Mother's Name.....

Title	Surname	Given Name(s)		
Preferred Name	Previous Surname (if applicable)	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status <input type="checkbox"/> Married (including defacto) <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Home Ph		
Unit No.	Street No.	Street Name		Work Ph
Suburb		P/code	Email address	Mobile

Postal address same as above <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, postal address Suburb		P/code	Sydney Contact No.(s) if not from Sydney
Country of Birth	Country of Residence	Language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Other..... Interpreter Required <input type="checkbox"/> No <input type="checkbox"/> Yes		
Indigenous status (<i>please tick at least one box</i>) <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither		Occupation	Religion	

Usual GP's name	Address		Phone No.
	Suburb	P/code	Fax No. (if known)

PERSONS TO CONTACT	Name	Relationship	Home Ph
	Street address (if different to above)		Work Ph
	Suburb	P/code	Mobile

Name of other Emergency contact	Contact Phone No.(s)
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PRIVATE HEALTH FUND	<i>If you are claiming through the Department of Veteran's Affairs or Workers' Compensation please go to next page</i>			
	Fund Name	Client / Membership No.	Table / Type of cover	Relationship of patient to contributor
	Contributor's Title	Surname	Given Name(s)	Home phone No.
Contributor's address if different from patient's personal street address?				P/code

Have you been in this fund / table for over 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, have you transferred from another fund? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which fund?.....
--	---	--

Patients with less than 12 months membership in their fund / table may not be eligible for any benefits.

ENTITLEMENTS Medicare / Safety Net / Veterans' Affairs	
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Medicare Card	Card No <input style="width:100%;" type="text"/>	Medicare ID No <input style="width:100%;" type="text"/>	Left of name <input style="width:100%;" type="text"/> Expiry ____/____/____
Other Card Type	<input type="checkbox"/> Pensioner Card <input type="checkbox"/> Health Care Card <input style="width:100%;" type="text"/> Expiry ____/____/____ <input type="checkbox"/> C'wealth Senior Card		
Safety Net Card	<input type="checkbox"/> Safety Net Entitlement <input style="width:100%;" type="text"/> <input type="checkbox"/> Safety Net Concession <input style="width:100%;" type="text"/>		
<i>If you have a current Prescription Record Form, please bring this with you to the hospital as you may be eligible for benefits under the Medicare Safety Net Scheme.</i>			
<i>If you do not intend to claim your hospitalisation costs through the DVA please complete Medicare Entitlement Section above</i>			
Veterans' Affairs	<input type="checkbox"/> Gold <input type="checkbox"/> Orange* <input type="checkbox"/> White	DVA No <input style="width:100%;" type="text"/>	* (Pharmaceutical benefits only) Expiry ____/____/____
<i>White cardholders only: Your doctor must obtain approval from the Department of Veterans' Affairs prior to day of admission</i>			

WORKERS' COMPENSATION / PUBLIC LIABILITY / THIRD PARTY PATIENTS ONLY	Type of claim
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Date of accident / /	Name of Insurer at time of accident	Insurer's Claim No.
Insurer's address	P/code	Insurer's fax no. Phone No.
WCC Cases only	Name of employer	Contact person Phone no.

PERSON RESPONSIBLE FOR PAYMENT (if other than patient)	Name
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Postal address for account (if different to above)	Home Ph
Suburb	P/Code Work Ph Mobile

POWER OF ATTORNEY / ENDURING GUARDIAN / ADVANCE CARE DIRECTIVE <i>(a copy of these is required if applicable)</i>	Do you have an Advance Care Directive? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Enduring Guardian (if one appointed)	Phone No.
Name of Power of Attorney (if one appointed)	Phone No.

CONSENT TO USE PERSONAL INFORMATION	
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I understand that if I have any concerns about privacy, I may raise them when I come to the hospital for admission. I have read the section on the Sydney Adventist Hospital Personal Information & Privacy for Patients and understand my right to privacy and how my personal information will be used at the Hospital. I understand that my contact details may also be given to the Sydney Adventist Hospital Foundation. I give consent to the use of my personal information as described in this Pre-Admission booklet. I understand that I may withdraw my consent at any time.

Signature **Print Name** **Date**/...../.....

ACKNOWLEDGEMENT OF RIGHTS & RESPONSIBILITIES	
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I have read and understand the section entitled *Patients' Rights and Responsibilities* in this Pre-Admission booklet and will discuss any queries with staff.

Signature **Print Name** **Date**/...../.....

CONFIRMATION OF COMPLETENESS OF FORM	
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I certify the information on this form to be true & complete to the best of my knowledge.

Signature **Print Name** **Date**/...../.....

OFFICE USE ONLY	Hospital admission in the last 6 months (including SAH) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which hospital? <input style="width:100%;" type="text"/>	Reason <input style="width:100%;" type="text"/>
	From/...../.....	If SAH, planned admission <input type="checkbox"/> Yes <input type="checkbox"/> No	
	to/...../.....		





OBSTETRIC PATIENT HISTORY

Patient ID label

MRN

Surname

Given Names

DOB

Partner's name
AMO

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

PATIENT HISTORY (patient to complete white sections of form only) Pink section are for details added after booking

This pregnancy	LMP (Last menstrual period) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td>2</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>													2	0							Duration of pregnancy at first visit to Doctor <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>							Hep B status	Hep C status
			2	0																										
EDC (Estimated Date of Confinement) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td>2</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>													2	0							Weeks	Blood Group	RH							
		2	0																											
EDC U/S <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td>2</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>													2	0							Gravida	Para	GBS status <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown							
		2	0																											
Indication for LSCS (if applicable)		Complicating factors																												

Previous Pregnancies	Previous pregnancy greater than 20 weeks? <input type="checkbox"/> No <input type="checkbox"/> Yes If no,	If yes, specify the number of previous pregnancies > 20 weeks <input type="text"/> Was the last birth by caesarean section? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, total number of previous caesarean sections? <input type="text"/> Infant feeding past history (if applicable) & plan for this baby?	Rubella status Other relevant pathology (for current pregnancy)
	<input type="checkbox"/> Refer for antenatal breast feeding counselling <input type="checkbox"/> Refer to Social Worker		

Allergies & Sensitivities Please document any known allergies or sensitivities eg. medications, latex plants, tape, anaesthetic problems, iodine reaction.

Allergies	Sensitivities	Reaction
		<input type="checkbox"/> Red Allergy Band Applied <input type="checkbox"/> Latex Allergy
Food allergy		<input type="checkbox"/> Diet office contacted

Your current Medications Please include **Prescription medicine**, all tablets, capsules, puffers, nebulisers. **Non-prescription medication** eg. complementary therapies, natural therapies, herbal preparations or vitamins, please specify. **Bring to the hospital all current medication you are taking, in their original individual packaging**

Prescription & Non Prescription Medications					For Long Stay Patients Only	
Strength	Route (eg.oral)	Dose	Frequency	Last taken	Brought in by patient	

Identify Obstetric History and related problems								
Date	Pregnancy	Weeks	Labour	Hours	Puerperium	Birth Weight	Breast Bottle	Sex & Condition



OBSTETRIC PATIENT HISTORY

MR 9A

MRN

Surname

Given Names

DOB

OBSTETRIC PATIENT HISTORY (Continued)

Previous Hospitalisation / Surgery / Illness								Pink section - staff use only	
Rheumatic fever	Y	N	Epilepsy	Y	N	TB	Y	N	History of Gestational Diabetes
Heart disease	Y	N	Asthma	Y	N	Hypertension	Y	N	
Kidney disease	Y	N	Hay fever	Y	N	Pelvic trauma	Y	N	
Hepatitis Type	Y	N	Diabetes controlled by: Injection Tablet Diet	Y	N	Have you had Human Pituitary Growth Hormone prior to 1985?	Y	N	
Herpes Type 1 Type 2	Y Y	N N	Previous blood transfusion	Y	N	Have you had neurosurgery prior to 1985?	Y	N	
Back injuries / neck injuries	Y	N	Depression / mental illness / post traumatic stress	Y	N	German measles vaccination	Y	N	
Blood clots	Y	N	Polio	Y	N	Thalassaemia	Y	N	
Surgical operations (please state)	Y	N	Year	Specify					
			Year	Specify					
			Year	Specify					
			Year	Specify					
Other (please specify)									
General Health and Lifestyle									
Have you ever smoked?	Y	N	If yes, Daily amount..... Date ceased...../...../.....						
Do you presently smoke?	Y	N	If yes, per day						
Do you drink alcohol?	Y	N	If yes, standard drinks per day						
Do you use 'street' drugs?	Y	N	If yes, specify						
Do you have any problems with bowel function?	Y	N	If yes, specify..... How is it relieved?						
Do you have any problems with bladder function?	Y	N	If yes, specify						
Do you have a normal diet?	Y	N	If No, indicate type of special diet.						
Family History									
Heart disease	Y	N	Physical abnormalities	Y	N	Chromosomal abnormalities	Y	N	
Mental illness	Y	N	Diabetes	Y	N	Other	Y	N	
Other (please specify)									

Orientation to hospital at Maternity booking					
Accommodation & length of stay explained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notified discharge time 10 am	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explained rooms are private with ensuite but at times of high occupancy patients may be asked to share a room for the first 24 hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Patient has been advised to join a top family cover 4 months prior to delivery, as baby may not be covered for Special Care Nursery	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PATIENT SIGNATURE	I have provided and agree with the above details. I have carefully read all the above and I certify that the information I have given is correct and true to the best of my ability.	
	Signature	Date
Booking RN	Signature	Date



HOSPITAL POLICIES

NO LIFT POLICY

The “No Lift System” has been implemented by SAH to protect both patients and staff from injuries resulting from unsafe lifting practices and procedures. Please comply with hospital personnel’s instructions in regard to moving or relaxing yourself, as special lifting equipment and techniques may be required to move or transfer you from one position to another safely.

SMOKING AND ALCOHOL POLICY

Sydney Adventist Hospital is a smoke free and alcohol free campus. Smoking is not permitted in the buildings or grounds.

HOW TO MAKE COMPLAINTS OR COMPLIMENTS ABOUT YOUR CARE

Compliments	<p>We welcome your feedback. Feedback forms are available in your room/treatment area, on our website at www.sah.org.au, or ask a staff member</p> <p>The form can be mailed, faxed or sent by email (please refer to contact details below)</p>
Complaints	<p>You have a right to make comments or complain about your care. We welcome your feedback and will appoint an appropriate person to address your concerns</p> <p>Your care will not be adversely affected by making a complaint</p>
Who to contact regarding concerns	<p>You should contact the Manager or person in charge for problems experienced during your stay</p> <p>Should you want to speak with someone outside the department/facility please telephone SAH 9487 9888 and ask to speak to the Assistant Director of Nursing. You can also contact our Quality Management Department</p>
Sydney Adventist Hospital Contact Details	<p>SAH Quality Management</p> <p>Sydney Adventist Hospital 185 Fox Valley Road Wahroonga NSW 2076 p 02 9487 9744 f 02 9473 8344 e customerfeedback@sah.org.au</p>

It is always best to try and resolve your complaint with your health service provider. If you have tried this and are still unsatisfied, you can make a complaint to the Health Care Complaints Commission.

www.hccc.nsw.gov.au

PATIENTS' RIGHTS & RESPONSIBILITIES

PATIENT RIGHTS

PATIENT RIGHTS	WHAT THIS MEANS
<p>Access to Care I have a right to access health care</p>	<p>I will receive treatment appropriate to my health needs</p> <p>I can request a Doctor of my choice, and request a second opinion</p>
<p>Safety I have a right to receive safe and high quality care</p>	<p>I will receive safe and high quality health services provided by professional, caring and competent staff</p>
<p>Respect I have a right to be shown respect, dignity and consideration</p>	<p>I will be provided with care that shows respect to me and my culture, beliefs, values and personal characteristics</p>
<p>Communication I have a right to be informed about services, treatment, options and costs in a clear and open way</p>	<p>I will receive open, timely and appropriate communication about my health care in a way I can understand</p> <p>I will be asked to consent to treatment except when circumstances prevent this</p> <p>I have the right to refuse recommended treatments, refuse experimental treatment, choose which treatments I wish to take, and withdraw consent to treatment at any time</p>
<p>Participation I have a right to be included in decisions and choices about my care</p>	<p>I may join in making decisions and choices about my care and treatment plan</p>
<p>Privacy I have a right to privacy and confidentiality of my personal information</p>	<p>My personal privacy will be maintained and proper handling of my personal health and other information is assured</p> <p>I have the right to access information contained in my medical record. (While in hospital – contact the Nursing Unit Manager. After discharge – contact the Medical Records Department)</p>
<p>Comment I have a right to comment on my care and to have my concerns addressed</p>	<p>I can make positive and negative comments about my care, and have my concerns dealt with properly and promptly</p>
<p>Parental Rights I can exercise my rights as a parent or guardian of a child</p>	<p>I can choose to stay with my child at all times except when the provision of health care precludes this</p> <p>I can make decisions regarding consent to treatment of my child if they are under 14 years of age</p> <p>From the age of 14, children may seek treatment and provide consent or make decisions jointly with their parents or guardian</p>

PATIENT RESPONSIBILITIES

PATIENT RESPONSIBILITIES	WHAT THIS MEANS
<p>Safety Tell us of your safety concerns</p>	<p>You should let staff know if you think something has been missed in your care or that an error might have occurred</p> <p>You should explain any circumstances that may make your health care riskier or any other safety concerns that you have</p>
<p>Respect Consider the well-being and rights of others</p>	<p>You should always respect the well being and rights of other patients, consumers and staff by conducting yourself in an appropriate way. This includes respecting the privacy and confidentiality of others</p> <p>Patients and their visitors are requested to be respectful to all health care professionals who care for them. Verbal and physical abuse will not be tolerated</p> <p>You should respect hospital property, policies, regulations and the property of other persons</p>
<p>Communication Provide information regarding your medical history and ask questions</p>	<p>Be as open and honest with staff as you can, including giving comprehensive and accurate details of your medical history, past surgeries and all medications you may be taking</p> <p>Ask questions of staff if you would like more information about any aspect of your care</p>
<p>Participation Follow your treatment, cooperate and participate where able</p>	<p>Where possible you should take an active role in your health care and participate as fully as you wish in the decisions about your care and treatment. Your family can also be actively involved</p> <p>You should endeavour to follow your treatment, and inform your health provider when you are not complying with your treatment</p> <p>You should cooperate fully with the doctor and clinical team in all aspects of your treatment</p> <p>You must let staff know if there are changes to your condition or new symptoms</p> <p>You should keep appointments or let the health provider know when you are not able to attend</p>
<p>Advance Care Directive / Power of Attorney / Guardianship</p>	<p>Please inform your health professional if you have a current Advance Care Directive or Power of Attorney for any health or personal matters, or if you are subject to a guardianship order</p>
<p>Pay Fees</p>	<p>You should promptly pay the fees of the hospital and your attending doctor</p>
<p>Complaint / Feedback</p>	<p>You should direct any complaint to a staff member or the Manager of the area so that immediate and appropriate action can be taken to remedy your concern</p>

If you would like further information on the Australian Charter of Healthcare Rights (including information provided in different languages), please visit: www.safetyandquality.gov.au

If you would like to request access to support services (such as interpreters and support groups), please contact the manager or person in charge.

PERSONAL INFORMATION AND PRIVACY FOR PATIENTS

Sydney Adventist Hospital (SAH) recognises and respects every patient's right to privacy. We will collect and use the minimum amount of personal information needed for us to ensure that you receive a high level of health care. SAH will always endeavour to manage your information to protect your privacy.

Personal information we usually hold:

- Your name, address, telephone and email contact details
- Health fund details
- Date and country of birth
- Next of kin
- Occupation
- Health information
- The name and contact details of your General Practitioner and your referring doctor
- Returned Service information
- Religious beliefs or affiliations (if provided)
- Marital status
- Transaction details associated with our services
- Indigenous status and language spoken at home (for the Department of Health).

What we do with personal information:

1. We will collect it discreetly.
2. We will store it securely.
3. Subject to what we say in this section, we will only provide your personal information to people involved in your care.
4. We will provide relevant information to your health fund, or the Department of Veterans' Affairs, Medicare Australia, Cancer Council, NSW Department of Health or to other entities when we are required by law to do so.
5. After removing details that could identify you, we may

use the remaining information to assist with research and service improvement projects. We are also required to provide this kind of information to government agencies.

6. SAH is a teaching hospital and we may use personal information in the training and education of medical, nursing and other allied health students.
7. We will destroy our record of your information when it has become too old to be useful or when we are no longer required by law to retain it.
8. We may use the information to contact you. By providing your email address, we assume permission to use this address for administrative communications (for example, receipts) regarding your hospital visit.
9. We may share your contact details with the SAH Foundation. The SAH Foundation provides patients with information, newsletters and details about fundraising appeals. The SAH Foundation may use the information to contact you.

CHAPLAINS

Sydney Adventist Hospital is a Christian hospital and we are committed to holistic care, including your spiritual needs while you are here.

Chaplains are part of our care team and accredited clergy from the community regularly visit the hospital.

You may request a visit from a representative of your faith, or you may request that no chaplain or visiting clergy call on you while you are a patient here.

SAH NEWSLETTERS AND OTHER MAILED INFORMATION

In the future SAH and/or the SAH Foundation may send you information about our programs, services and activities in the form of newsletters and details about fundraising activities. If you do not wish to receive this information, you may notify our Privacy Officer on (02) 9487 9220 or via privacy@isah.org.au. SAH and/or SAH Foundation mail outs to you will cease as soon as possible after your notification.

Your rights

1. You may give consent for us to use your personal information to provide you with health care services, or you may withdraw your consent at any time. If you withdraw consent for SAH to use your personal information, this may reduce our ability to provide you with services.
2. You may ask us to limit access to your information. You may separately a) refuse to be seen by a chaplain or representative of your faith while in hospital, b) refuse to have your Discharge Summary sent to your General Practitioner or c) refuse to receive information about future SAH events, services and fundraising appeals by signing the 'Use of Personal Information' form (MR1F). These forms are available from the Access Centre or Day Of Surgery Admission Centre (DOSAC) on admission or through the Privacy Officer (02) 9487 9220.

If you have a specific requirement for restricting access by someone to your information please also inform us about this as soon as possible.

3. You may ask us to give you (or another individual) access to your personal information. In most cases we will allow you to have access to your personal information. We may also provide a person to assist you and we may charge a fee for providing printed copies of reports.

We may not provide you (or your responsible person) with access to your personal information if a doctor feels that it may be harmful to do so.

4. You may ask us to correct any error in your personal information.
5. You may make a privacy-related complaint if you feel that the Hospital has not kept your information confidential or has not maintained your privacy - by telephoning the SAH Privacy Officer on (02) 9487 9220, or extension 9220 if you are in the Hospital.

Or you can write to:

The Privacy Officer
Sydney Adventist Hospital
185 Fox Valley Rd
Wahroonga NSW 2076.

Or you may send an email to:

privacy@sah.org.au

You may contact the Privacy Commissioner if you are not satisfied that the Hospital has resolved your complaint.

TEACHING HOSPITAL

An important component of Sydney Adventist Hospital's role in meeting community healthcare needs is the provision of clinical education and placements for medical, nursing and other allied health trainees. Participation of trainees may include observation and involvement in your care while under appropriate supervision.

You are free to refuse to allow a trainee to participate in your care at any time. Your refusal will not adversely affect the treatment you receive.

FURTHER INFORMATION

Further information can be obtained by visiting the hospital website at www.sah.org.au. For patients staying overnight, further information regarding SAH and its services can be found in the Patient Information Booklet located at each bedside

OTHER CONTACT INFORMATION

Admission Enquiries	02 9487 9903
Pre-Admission Clinic	02 9487 9115
Patient Accounts	02 9487 9900
Emergency Care	02 9487 9000
Jacaranda Lodge (onsite, low cost accommodation)	02 9487 9066
DOSAC (for admission time, day of surgery admission patients)	02 9487 9113

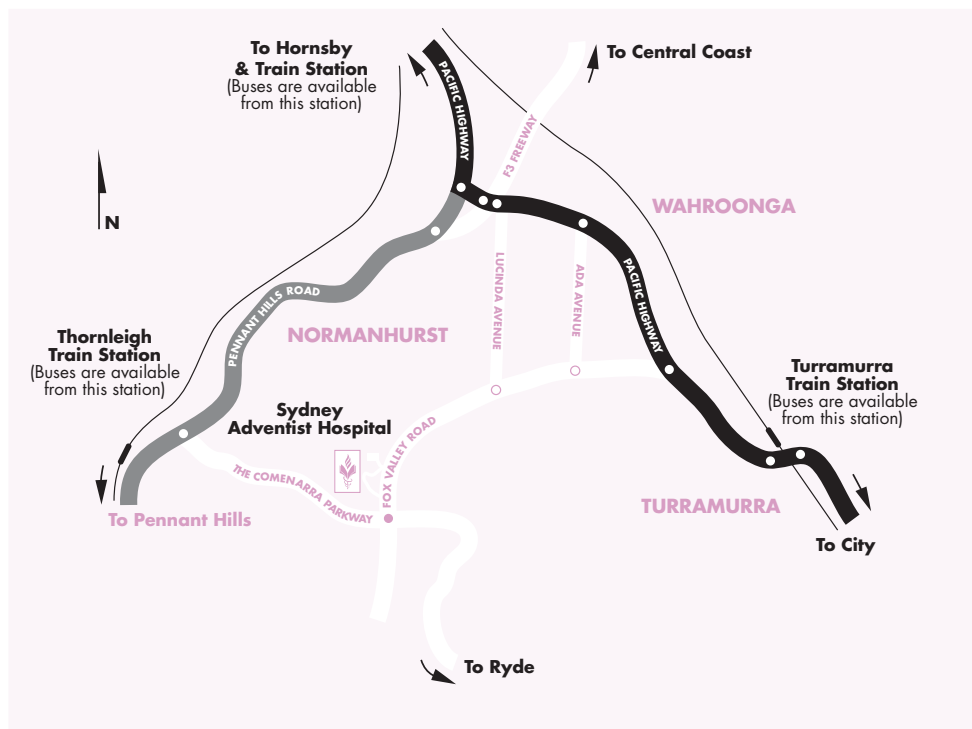
YOUR GP

YOUR SPECIALIST

YOUR ANAESTHETIST

YOUR PRE ADMISSION CLINIC
APPOINTMENT TIME/DATE

YOUR ADMISSION TIME/DATE



GETTING TO HOSPITAL

TRANSPORT

- Car** – see map above. Car parking facilities are available at SAH at reasonable rates. Pay stations are located in the San Clinic parking station at Levels 2 and 4 and at the SanLink bus stop (adjacent to the outdoor carpark). These accept credit cards or cash, however, only credit cards will be accepted at the boom gates. Limited street parking is also available. Please enter via the main hospital gates (at the traffic lights) unless otherwise instructed.
- Buses and Trains** – regular bus services run to Sydney Adventist Hospital from Turrumurra and Hornsby (North Shore Line) and Thornleigh stations (Northern Line). For timetable information, contact the Transport Infoline on 131 500.
- Taxis** - there are taxi ranks at Hornsby, Wahroonga and Turrumurra railway stations.
- Ambulance** – if you have to call an ambulance, you will be able to nominate your preferred hospital to the ambulance service and be brought to Sydney Adventist Hospital. If the ambulance officers deem that you are in established labour and ready to deliver, you will be transported to the nearest hospital for the delivery of your baby and then transferred to Sydney Adventist Hospital for post natal care.

SYDNEY ADVENTIST HOSPITAL ABN 76 096 452 925
 Admitting Officer, Freepost 6, 185 Fox Valley Road, Wahroonga, NSW 2076
 General enquiries: (02) 9487 9111 Patient Admission Fax: 1800 009 522 Doctor Booking Fax: 1800 009 111
 Website: www.sah.org.au
 Admission enquiries: (02) 9487 9903