



Medical Board of South Australia

NOTIFICATION FORM

Please complete this form if you would like to make a notification (complaint) about a doctor/medical student who is practising in South Australia. This form will ensure you provide the Board with enough information to decide if it can investigate your concerns.

If you have any difficulties filling out this form, or you would like more information about the Board's role and powers, please telephone Professional Conduct Services on (08) 8219 9800, or visit the Board's website at www.medicalboardsa.asn.au

SECTION A: To be completed by the person making the notification

About you – as the person making the notification:

Title:	Mr / Mrs / Miss / Ms / Dr	Date of birth:	_____
Given name:	_____	Work Phone:	_____
Surname:	_____	Home Phone:	_____
Address:	_____	Mobile:	_____
Suburb:	_____	Facsimile:	_____
Postcode:	_____	Email:	_____

Are you:

- | | |
|---------------------------|------------------------------|
| The patient | A doctor |
| A friend of the patient | The patient's lawyer |
| A relative of the patient | Employer |
| Coroner | Other _____ (please specify) |
| Educational institution | |

Details of the doctor the notification is concerning:

(Complete a separate form for each doctor you wish to complain about).

Doctor's given name:	_____
Doctor's surname:	_____
Medical specialty, if known: (e.g. General Practitioner)	_____
Professional address: (clinic consulting rooms)	_____
	Postcode: _____
Phone number: (clinic consulting rooms)	_____

About the patient:

(Complete this section only if you are making this notification on behalf of someone else)

Title:	Mr / Mrs / Miss / Ms / Dr	Date of birth:	_____
Given name:	_____	Work Phone:	_____
Surname:	_____	Home Phone:	_____
Address:	_____	Mobile:	_____
Suburb:	_____	Facsimile:	_____
Postcode:	_____	Email:	_____

SECTION B:

My concerns relate to: *(tick relevant box(es) below)*

- | | |
|--------------------------------------|-------------------------------|
| Wrong, delayed or missed diagnosis | Medical Reports |
| Inadequate examination or assessment | Consent |
| Doctor's manner | Doctor refused to see patient |
| The examination performed by doctor | Prescribing |
| Treatment outcome | Medical records |
| Infection control | Confidentiality |
| Sexual misconduct | Discrimination or bias |
| Other inappropriate conduct | Other: _____ |

By lodging this notification I am trying to: *(tick relevant box(es) below)*

- Highlight to the doctor the importance of good communication
- Make the doctor aware of my issues with the service provided
- Make the doctor aware of my concerns about what happened
- Obtain a report from the doctor that I have not yet received
- Receive an explanation from the doctor about my concerns
- Receive an apology from the doctor
- Ensure that the doctor does not do the same again
- Other *(Please provide details)*: _____

Have you contacted the doctor directly in an attempt to resolve your concerns?

No Yes

If **yes**, what was the result: _____

Have you made a complaint to another organisation about this matter?

(e.g. HCSCC, SAPOL, Coroner, AMA)

No Yes

If **yes**, please name the organisation and provide the date you lodged the complaint: _____

SECTION D: Authorities

IMPORTANT: Please read below, as the Board may not be able to proceed without the correct signed authority.

The option(s) you complete depend(s) on whether you are the patient or whether you are making the notification on behalf of someone else.

If you do not fit any of the categories below, please telephone Professional Conduct Services on (08) 8219 9800.

OPTION 1

If you are the person making the notification and also the patient, please complete and sign only Authority 1 on the next page. **When this authority is signed your notification is complete.**

OPTION 2

If you are not the patient and you are making the notification on behalf of the patient, there are two authorities to sign:

1. The Board will require the patient's consent to access their health information. The patient gives this consent by signing Authority 1 on the next page.

and

2. You need the patient's consent so that you can act on their behalf. This consent is obtained when both you and the patient sign Authority 2 on the next page.

When both of these authorities are signed your notification is complete.

OPTION 3

If you are the patient's authorised representative and the patient is not able to give consent (e.g. the patient is incapacitated, deceased, a child):

1. Please provide documentary proof to the Board that indicates you are authorised to act on the patient's behalf. Examples of the proof required are listed in Authority 3 on page 7.

and

2. As the authorised representative, you need to give your consent for the Board to access the patient's health information. This happens when you sign Authority 3 on page 7.

When Authority 3 is signed and documentary proof attached your notification is complete.

OPTION 4

If you are not the patient's authorised representative and cannot gain the patient's consent, or you are making a notification that does not involve a patient, please complete and sign only Authority 4. **When this authority is signed your notification is complete.**

Please note: You may still make a notification without the patient's consent or knowledge; however, the Board may have difficulties pursuing your notification and accessing patient records for the purpose of an investigation if the Board does not have the patient's consent to do so.

AUTHORITY 1: To be completed by the patient

PATIENT'S AUTHORITY FOR THE BOARD TO FORWARD NOTIFICATION TO THE DOCTOR AND ACCESS HEALTH INFORMATION

I _____ *(insert patient's full name)*
of _____ *(insert patient's address)*
_____ Postcode _____

Patient's date of birth: _____

Patient's former name (if changed): _____

authorise the Registrar of the Medical Board of South Australia and/or its solicitors to investigate this notification, forward to the doctor a copy of the notification, contact the doctor about my notification and access my health information and medical records from relevant doctors, hospital(s) and/or other entities that hold my health information.

I have read the privacy statement on page 8 of this form in relation to the Board's collection and use of my personal and health information.

Patient's signature: _____ **Date:** _____

AUTHORITY 2: To be completed by the patient and the notifier if the patient is authorising the notifier to act on the patient's behalf

PATIENT'S AUTHORITY FOR REPRESENTATIVE TO LODGE NOTIFICATION

I _____ appoint _____
(print patient's full name) *(print representative's full name)*

as my representative to lodge this notification on my behalf. I authorise the Board to address all correspondence relating to the notification to my representative and to release any information relating to the notification to my representative. I have read the privacy statement on page 8 in relation to the Board's collection and use of my personal and health information.

Patient's signature: _____ **Date:** _____

Representative's signature: _____ **Date:** _____

AUTHORITY 3: Only to be completed if you are the patient's authorised representative and the patient is not able to give consent to the notification

**AUTHORITY TO FORWARD NOTIFICATION TO THE DOCTOR
AND ACCESS HEALTH INFORMATION**

The authorised representative of the patient must complete this authority and attach to this form certified copies of documents in support of their authority to act on the patient's behalf e.g. Letters of Administration, solicitor's letter, Enduring Power of Attorney, executor under a will.

I _____ (insert full name of authorised representative)

of _____ (insert your postal address)

_____ Postcode _____

in my capacity as _____

(insert the basis on which you claim to be the patient's authorised representative)

and on behalf of _____ (insert patient's full name)

of _____ (insert patient's address)

Patient's date of birth: _____

Patient's former name (if changed): _____

hereby authorise the Registrar of the Medical Board of South Australia and/or its solicitors to investigate this notification, forward to the doctor a copy of the notification, contact the doctor about the notification and access health information and medical records from relevant doctors, hospital(s) and/or other health service providers about the person I represent.

I have read the privacy statement on page 8 of this form in relation to the Board's collection and use of the patient's personal and health information.

Representative's signature: _____ **Date:** _____

AUTHORITY 4: To be completed by the person making the notification if they cannot gain the patient's consent, or there is no patient

I ask that the Registrar of the Medical Board of South Australia consider the issues described in this Notification Form. I am aware that the Board may send this notification form and attachments to the doctor concerned.

I have completed all relevant sections and have attached photocopies of any relevant documents in my possession.

Please note: You may still make a notification without the patient's consent or knowledge however, the Board may have difficulties pursuing your notification and accessing patient records for the purpose of an investigation if the Board does not have the patient's consent to do so.

Signature: _____ **Date:** _____

Full name: _____

PRIVACY STATEMENT

The Medical Board of South Australia collects personal information relating to you (or the person on whose behalf you are complaining) in its role in investigating notifications. The authority to collect and report this information is contained in the *Medical Practice Act 2004*. Personal information is defined in the South Australian Information Privacy Principles as information or an opinion, whether true or not, relating to a natural person or the affairs of a natural person whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

Appropriate confidentiality is observed in the investigative process, however, the Board will take all steps necessary for the proper investigation of the notification and maintenance of professional standards and in doing so may release personal information obtained during the course of its investigation in the following circumstances:

- As required or authorised by or under the *Medical Practice Act 2004* or any other Act or law; or
- With the consent of the person to whom the information relates; or
- In connection with the administration of the *Medical Practice Act 2004* (including the investigation of notifications and as evidence in disciplinary proceedings); or
- To an authority responsible under the law of a place outside this State for the registration or licensing of persons who provide medical treatment, where the information is required for the proper administration of that law; or
- To an agency or instrumentality of this State, the Commonwealth or another State or a Territory of the Commonwealth for the purposes of the proper performance of its functions.

The Board will provide your information to the doctor who is the subject of the notification.

Individuals are not obliged to give the Board information. They are also entitled to request access to information the Board holds about them in accordance with the *Freedom of Information Act 1991*. If you require access to your information or have any questions about privacy issues please contact the Board's Freedom of Information Officer on (08) 8219 9800.

CHECK LIST

Have you:

Provided the full name and address of the doctor in Section A

Attached photocopies of relevant supporting documentation (if you already have these) e.g. photographs, reports, test results, which you feel the Board might need when considering your concerns

Signed the relevant authority/authorities in Section D

Attached if required, certified documentary proof of your legal authority to act on the patient's behalf if the patient is not able to give consent (e.g. Letters of Administration, solicitor's letter, Enduring Power of Attorney, executor under a will).

Please post the completed and signed form with any relevant attachments to:

The Manager, Professional Conduct Services
Medical Board of South Australia
PO Box 791
NORTH ADELAIDE SA 5006
Tel: (08) 8219 9800
Fax: (08) 8361 9422