



DR. Joanne Gaynor, M.B., M.I.C.G.P., B.Physiotherapy  
DR. Ailish Bohane, M.B. M.I.C.G.P., D.C.H., F.P.C.  
DR. Anthony Calnan, M.B., D.C.H., D.Obs., M.R.C.G.P.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear Dr

The above has requested transfer of their medical records to this practice. We would be grateful if this could be arranged to facilitate ongoing care. Signed consent in accordance with the Data Protection Acts has been provided below.

Yours Sincerely,

\_\_\_\_\_  
Dr. J. Gaynor, Dr. A Bohane, Dr. A Calnan

**I authorise transfer of my medical records to the above practice.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***For Practice Use Only:***

**Date request received:**

**Method of identification:**

**Date record provided:**

**Person managing access request:**

**Healthmail Address: [ballymodanfamilypractice.gp@healthmail.ie](mailto:ballymodanfamilypractice.gp@healthmail.ie)**

**Notes will only be accepted by Healthmail as per GDPR guidelines.**

Dr Joanne Gaynor  
Dr Ailish Bohane  
Dr Anthony Calnan  
Dr Aideen Coleman

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Co Cork

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W: [www.ballymodan.ie](http://www.ballymodan.ie)

## Patient Registration and Medical Summary Form

In order to provide for your care we need to collect and keep information about you and your health in your personal medical record. Please complete the following form. The information will be used to create your personal medical record on the practice computer.

Our practices are consistent with the Medical Council guidelines and the privacy principles of the Data Protection Acts. For further details please see our Practice Privacy Statement

PART 1	PART 2 – HEALTH HISTORY
<b>Today's date:</b> _____ <b>Surname:</b> _____ <b>First name:</b> _____ Known as: _____ <b>Title:</b> Mr. /Mrs./Ms. / Other _____ <b>Date of birth:</b> _____ <b>Gender:</b> Male / Female <b>Address:</b> _____ _____ <b>Phone:</b> Home: _____ Work: _____ Mobile: _____ I am happy to receive alerts from the practice by: Mobile phone <input type="checkbox"/> E-mail <input type="checkbox"/> <b>GMS number:</b> _____ <b>Expiry date:</b> _____ <b>Next of kin:</b> Name: _____ Address: _____ Relationship: _____ Phone: _____ <b>Previous GP name and address:</b> _____ _____ <b>Pharmacy name and address</b> _____ _____ <b>PPSN number:</b> To avail of certain governmental schemes (e.g. Social welfare certificates, Mother and Child Maternity Scheme, Cervical Check, Childhood vaccinations) it will be necessary for you to provide us with your PPSN number. <b>Further information:</b> The following information is not essential but may be of use to your doctor when they are diagnosing a problem or deciding on a treatment plan for you. Marital Status: _____ Occupation: _____ Ethnic origin: _____	<b>Allergies:</b> _____ _____ _____ _____ <b>Medical history:</b> _____ _____ _____ _____ <b>Surgical history:</b> _____ _____ _____ _____ <b>Current medications:</b> If you are unsure you could bring your empty pill boxes with you or get a printout from your pharmacist. _____ _____ _____ _____
	PART 3 – PATIENT STATEMENT
	I _____ (Print Name) have received a copy of the Practice Privacy Statement _____ Signature _____ Date _____

**CONSENT FORM**

**RETENTION OF PATIENT PPS NUMBER ON FILE**

I Consent to Ballymodan Family Practice holding my PPS number on file for the following purpose:

<b>For illness benefit certification</b>	<b>YES</b>	<b>NO</b>
<b>For Maternity benefit claim</b>	<b>YES</b>	<b>NO</b>
<b>For influenza and other vaccination claims</b>	<b>YES</b>	<b>NO</b>
<b>For Cervical Check</b>	<b>YES</b>	<b>NO</b>

I aware that I may request Ballymodan Family Practice to delete my PPS No. from my Medical Record.

Name: \_\_\_\_\_

DOB \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

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## CONSENT TO DATA PROCESSING

This information collected on my patient form will be held by Ballymodan Family Practice in manual and in electronic format.

The purpose of holding this information is the provision of appropriate healthcare, treatment and services to me as a patient and to ensure my continuity of care and patient safety. I understand that Ballymodan Family Practice may also collect information when required to by law.

Parents/Guardians of patients and patients ages 18 or over have a right to access the personal data held on them by Ballymodan Family Practice and to correct it if necessary.

I am aware that I am entitled to:

- Withdraw consent to the processing of my personal information
- Request to access the information Ballymodan Family Practice holds about me
- Request the correction of inaccuracies in / erasure of the information Ballymodan Family Practice holds about me
- Request the restriction of processing of the information Ballymodan Family Practice holds about me
- Exercise my entitlement to data portability
- Make a complain to the Office of the Data Protection Commissioner of Ireland

I consent to the use of the information supplied as described above and in the Data Protection Patient Information Leaflet which I have received.

**Signed:** \_\_\_\_\_ **(Signature)**

\_\_\_\_\_ **(Print name)**

**Date:** \_\_\_\_\_

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**CONSENT FORM****PATIENT TEXT MESSAGE**

Full Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

Email address: \_\_\_\_\_

Name/DOB of children under 16 years: \_\_\_\_\_  
\_\_\_\_\_

I consent to receiving text message communication from Ballymodan Family Practice in relation to: (please circle response).

<b>Results of investigations:</b>	<b>Yes</b>	<b>No</b>
<b>Reminders regarding appointments:</b>	<b>Yes</b>	<b>No</b>
<b>Update on accounts:</b>	<b>Yes</b>	<b>No</b>

All urgent or abnormal investigations results will be communicated by telephone call or in person and not by text.

There is no reply facility to enable patients to respond to text messages they receive and if any query it is advised to contact the surgery.

I understand that texts are generated using a secure facility but transmitted over a public network and as such may not be secure, with this in mind text messages will contain the minimal appropriate detail and use of recipient identity will involve first name only.

Appointment reminders will only apply to specific services and the responsibility remains with me as a patient.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**Date:**

**Name:**

**Address:**

**D.O.B.**

**I nominate \_\_\_\_\_ & \_\_\_\_\_  
to collect my medical  
cert/prescriptions/medical letter at  
Ballymodan Family Practice.**

**Signed \_\_\_\_\_**

**(please ensure the person nominated to  
collect the information provides a copy of  
photo id)**

## PATIENT CHARTER

In Ballymodan Family Practice we believe that all patients have the right to expect that the healthcare they receive will consider their needs and will encourage them to take part in decisions about their health and wellbeing and provide them with the information and support to do so.

- You will be treated as an individual and with dignity and respect.
- All patients will be treated equally. We do not discriminate on the grounds of gender, race, disability, sexual orientations, religion, political beliefs or age
- Our premises will be clean and comfortable and have facilities for the disabled
- Staff hygiene awareness and hand washing is a priority
- All patients will be greeted in a friendly manner and be treated with courtesy by everyone in the practice
- Your personal health information will be kept secure and confidential. You should tell staff if you want your information to be shared with family members or a carer
- If you feel you have been treated unfairly or a member of staff has been rude then there is a complaint procedure that you can enquire about from another member of staff
- Patients will be informed if delays are anticipated
- Patients will be offered advice about how to stay healthy and avoid illness
- Everyone working in the practice will have the appropriate skills and training for their job
- Patients will be referred to a consultant when the doctor feels it is necessary
- Following a referral, your GP can assist you in seeking a second opinion if necessary

In order for us to give you the best possible service, please

- Tell the practice receptionist if you change your name, address, or phone number
- Be on time for all appointments. If late, please phone ahead to let staff know
- Let the GP know if you think any of the information in your health record is incorrect

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- If you want to have someone else present at an appointment, please let staff know. This could be a carer, family member, partner, friend or another healthcare worker
- Tell the GP if you do not understand something or want or need more information. If you have any questions, ask!
- Take some personal responsibility for your own health
- Ask your GP for support to help you manage your condition and have a healthier lifestyle
- Take an active part in discussions and decisions about your healthcare treatment
- Tell your GP if you are allergic to /have side effects after , any medications
- Please ensure you understand how medications are to be taken, and ask the pharmacist
- Tell the GP if you are taking herbal /over the counter medications
- Take the complete course of any medication prescribed and order a repeat prescription if needed. If you decide to stop medication early please tell the doctor/pharmacist
- If you feel your condition has gotten worse please tell your GP
- Please allow a minimum of 24hours for repeat prescription orders to allow your chart to be checked
- The GP will contact you by phone, text or letter if results need follow up; please do not ring here for them

Please remember our staff have the right to be treated with dignity and respect. Aggressive language or behaviour towards any member of staff is unacceptable and will not be tolerated.

Dr Ailish Bohane

Dr Joanne Gaynor

Dr Anthony Calnan

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## Practice Privacy Statement

This Practice wants to ensure the highest standard of medical care for our patients. We understand that a General Practice is a trusted community governed by an ethic of privacy and confidentiality. Our practices are consistent with the Medical Council guidelines and the privacy

principles of the Data Protection Acts. We see our patients' consent as being the key factor in dealing with their health information. This leaflet is about making consent meaningful by advising you of our policies and practices on dealing with your medical information.

### MANAGING YOUR INFORMATION

- In order to provide for your care here we need to collect and keep information about you and your health on our records.
- We retain your information securely.
- We will only ask for and keep information that is necessary. We will attempt to keep it as accurate and up-to-date as possible. We will explain the need for any information we ask for if you are not sure why it is needed.
- We ask you to inform us about any relevant changes that we should know about. This would include such things as any new treatments or investigations being carried out that we are not aware of. Please also inform us of change of address and phone numbers.
- All persons in the practice (not already covered by a professional confidentiality code) sign a confidentiality agreement that explicitly makes clear their duties in relation to personal health information and the consequences of breaching that duty.
- Access to patient records is regulated to ensure that they are used only to the extent necessary to enable the secretary or manager to perform their tasks for the proper functioning of the practice. In this regard, patients should understand that practice staff may have access to their records for:
  - Identifying and printing repeat prescriptions for patients. These are then reviewed and signed by the GP.
  - Generating a social welfare certificate for the patient. This is then checked and signed by the GP.
  - Typing referral letters to hospital consultants or allied health professionals such as physiotherapists, occupational therapists, psychologists and dieticians.

- Opening letters from hospitals and consultants. The letters could be appended to a patient's paper file or scanned into their electronic patient record.
- Scanning clinical letters, radiology reports and any other documents not available in electronic format.
- Downloading laboratory results and Out of Hours Coop reports and performing integration of these results into the electronic patient record.
- Photocopying or printing documents for referral to consultants, attending an antenatal clinic or when a patient is changing GP.
- Checking for a patient if a hospital or consultant letter is back or if a laboratory or radiology result is back, in order to schedule a conversation with the GP.
- When a patient makes contact with a practice, checking if they are due for any preventative services, such as vaccination, ante natal visit, contraceptive pill check, cervical smear test, etc.
- Handling, printing, photocopying and postage of medico legal and life assurance reports, and of associated documents.

### DISCLOSURE OF INFORMATION TO OTHER HEALTH AND SOCIAL PROFESSIONALS

- We may need to pass some of this information to other health and social care professionals in order to provide you with the treatment and services you need. Only the relevant part of your record will be released. These other professionals are also legally bound to treat your information with the same duty of care and confidence that we do.

### DISCLOSURES REQUIRED OR PERMITTED UNDER LAW

- The law provides that in certain instances personal information (including health information) can be disclosed, for example, in the case of infectious diseases.
- Disclosure of information to Employers, Insurance Companies and Solicitors
- In general, work related Medical Certificates from your GP will only provide a confirmation that you are unfit for work with an indication of when you will be fit to resume work. Where it is considered necessary to provide additional information we will discuss that with you. However, Social Welfare Certificates of Incapacity for work must include the medical reason you are unfit to work.
- In the case of disclosures to insurance companies or requests made by solicitors for your records we will only release the information with your signed consent.

### USE OF INFORMATION FOR TRAINING, TEACHING AND QUALITY ASSURANCE

- It is usual for GPs to discuss patient case histories as part of their continuing medical education or for the purpose of training GPs and/or medical students. In these situations the identity of the patient concerned will not be revealed.
- In other situations, however, it may be beneficial for other doctors within the practice to be aware of patients with particular conditions and in such cases this practice would only communicate the information necessary to provide the highest level of care to the patient.
- Our practice is involved in the training of GPs and is attached to the ABCD Vocational Training Programme. As part of this programme GP Registrars will work in the practice and may be involved in your care.

### USE OF INFORMATION FOR RESEARCH, AUDIT AND QUALITY ASSURANCE

- It is usual for patient information to be used for these purposes in order to improve services and standards of practice.
- In fact GPs on the specialist GP register of the Medical Council are now required to perform audits. In general, information used for such purposes is done in an anonymous manner with all personal identifying information removed.
- If it were proposed to use your information in a way where it would not be anonymous or the Practice was involved in external research we would discuss this further with you before we proceeded and seek your written informed consent.
- Please remember that the quality of the patient service provided can only be maintained and improved by training, teaching, audit and research.

### YOUR RIGHT OF ACCESS TO YOUR HEALTH INFORMATION

- You have the right of access to all the personal information held about you by this practice. If you wish to see your records in most cases it is the quickest to discuss this with your doctor who will outline the information in the record with you. You can make a formal written access request to the practice and the matter can be dealt with formally. There may be a charge of up to €6.35 where a formal request is made.

### TRANSFERRING TO ANOTHER PRACTICE

- If you decide at any time and for whatever reason to transfer to another practice we will facilitate that decision by making available to your new doctor a copy of your records on receipt of your signed consent from your new doctor. For medico-legal reasons we will also retain a copy of your records in this practice for an appropriate period of time which may exceed eight years.

We hope this leaflet has explained any issues that might arise. If you have any questions please speak to the practice secretary or your doctor.

Tel: 023 8844577

**Doctors Services:**

General consultations  
Pre-employment medicals  
Insurance medicals  
Completion of insurance reports.  
Medicolegal reports  
Well man checks  
Drivers licence reports  
Insertion of sutures  
Cryotherapy  
Joint injections  
Sports medicine  
Minor surgical procedures/Skin biopsy  
Prostate screening  
Mental health issues  
Chronic disease management  
Diabetes care.  
Travel Vaccinations

**Women's health:**  
Smear tests  
Contraception  
Mirena Coil insertion  
Copper Coil insertion  
Implanon insertion  
Well woman check  
Antenatal and postnatal care  
Infertility  
Menopause

**Opening Hours:**

Monday to Friday 9.00am-1.00pm and 2.30pm-5.00pm,  
Saturday 10.00am-11.30am

Please note that the Sat morning surgery is strictly an emergency surgery only and there are no appointments.

**Appointments:**

To improve patient care, we have decided to adopt a full appointment system during the week for doctors and nurses from June 2017.

Appointments are 15 minute duration for the doctor and 10 minute duration for the nurse.

Please let us know in advance if more than one patient is attending for an appointment or if you feel you need a longer appointment slot as we may not be able to accommodate this if the doctor is very busy.

**Dr. Joanne Gaynor**

Monday 9am-12pm - 2.30pm-5pm  
Tuesday 9am-12pm  
Thursday 9am-12pm - 2.30pm-5pm  
Friday 9am-12pm - 2.30pm-5pm

**Dr Aideen Coleman**

Monday 9am-12pm 2.30pm-5pm  
Thursday 9am-12pm 2.30pm-5pm  
Friday 9am-12pm 2.30pm-5pm

**Dr. Ailish Bohane**

Monday 9am-12pm - 2.30pm-5pm  
Tuesday 9am-12pm  
Wednesday 9am-12pm - 2.30pm-5pm  
Friday 9am-12pm - 2.30pm-5pm

**Dr. Anthony Calnan**

Tuesday 9am-12pm – 2.30pm-5pm  
Wednesday 9am-12pm - 2.30pm-5pm  
Thursday 9am-12pm - 2.30pm-5pm

**Nurse**

Monday 9am-12pm  
Tuesday 9am-12pm - 2.30pm-5pm  
Wednesday 9am-12pm - 2.30pm-5pm  
Thursday 9am-12pm - 2.30pm-5pm  
Friday 9am-12pm

**Prescriptions:**

All prescriptions (medical card and private) require 48 hours notice.  
From June 2017, this practice can no longer facilitate faxing of prescriptions to your designated pharmacy due to concerns about patient confidentiality.  
Repeat private prescription fee is €20.

**Blood Tests:**

From June 2017, all routine bloods tests are to be carried out by our practice nurse in order to free up doctor appointments.  
Please note that there is a €10 charge for each medical card/doctor visit card patient blood tests. This covers courier costs.  
Alternatively, you may attend CUH or the South Infirmary for your blood test for no charge.

**Blood results:**

Your blood results can be sent to you by text message/sms. Please speak to one of our reception staff to avail of this facility.

**Collection of Certs/Prescriptions/Letters**

All certs/scripts/letters are to be collected by the patient themselves due to data protection concerns. In circumstances where the patient is unable to collect these in person we need written consent for third party to collect. Please speak to the receptionist.

**Phone calls:**

Due to time constraints, the doctor may not be able to return calls on the same day. We ask that you let the receptionist know if you want to speak to us urgently and where possible to let the receptionist have a very brief outline of the subject matter of your concern.  
Our practice nurse may return your call if the doctor is extremely busy.  
Our policy is NOT to engage in telephone consultations as per best practice guidelines but please note that if a telephone consultations results in a prescription being issued, this will incur a €25 charge.

**Home Visits:**

We reserve home visits for patients who are very unwell or immobile only.  
We ask that if you feel you need a home visit that you contact reception before 11am in the morning.

**Letter/Form Completion/Cert Requests:**

Please note that all forms will require 48 hours notice for completion and will carry a charge of €10 or at the discretion of your doctor.

**Nurse Services:**

Blood tests ECG  
Injections 24 hour blood pressure monitoring  
Removal of sutures Wound/Ulcer care  
Flu/Pneumonia Vaccination Spirometry  
Childhood immunisations/Men B Ear syringing