



# CARING FOR YOU IN A VERY DIFFERENT WAY

O S A N A

HEALTHCARE REIMAGINED

## DIFFERENCE



**More time to keep  
you healthy**



**Preventing issues  
before they arise**



**More convenient GP  
visits**



**Providing you access  
to a whole team**

## BENEFITS FOR YOU

- Longer appointments to address all your issues
- Regular phone calls to check on your well-being
- Dedicated health assistants to support you
  
- Care managers that focus on prevention
- Regular case reviews with specialists
- Checklists to audit and manage your health
  
- See your GP in person, by video or at home
- Results to mobile and transportable record
- Car transport to pick you up when you're sick
  
- Weekly education talks and exercise classes
- Group activities to engage on health / well-being
- Free in-house allied health - physios etc.



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## PATIENT FORM

I consent to the Osana medical service and permit the Osana team to provide me high quality medical care. Osana provides a team-approach, which includes appropriate health care plans, team referrals and case discussions.

Osana always respects my preferences, and that of relevant family members and carers. The Osana team will access my clinical notes and information collected will be used for quality feedback to ensure a high standard of care. My information is always kept strictly confidential and is not shared without my consent.

Osana works with an independent academic institution who will use my information that will be de-identified, grouped with other patients and anonymous to evaluate our model of care. Our privacy policy is available at [www.osana.care](http://www.osana.care). My privacy is respected and protected at all times. The fee for our service is \$150 per year. I may cancel this agreement at anytime.

By signing this consent form, I indicate that I understand Osana's commitment to caring for me (or my relative), and permit the team approach and information sharing that is part of the Osana service.

Signed (patient or medical guardian)

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

W [www.osana.care](http://www.osana.care)  
P 13 WELL (9355)  
E [info@osana.care](mailto:info@osana.care)

Name of Patient: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Contact: \_\_\_\_\_