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Mobile phone numbers going public

This is for Australian phone numbers

REMEMBER: Mobile Phone Numbers Go Public next month.

REMEMBER: all mobile phone numbers are being released to telemarketing companies and you will start to receive sale calls.

YOU WILL BE CHARGED FOR THESE CALLS

Below is a link where you can enter your phone numbers online to put an end to telemarketing calls. Don't just delete those calls otherwise you will find that you have been signed up for all sorts of extra services that you didn't want or know about. Like special chimes, music etc.

<https://www.donotcall.gov.au/> <<https://www.donotcall.gov.au/>>
PASS THIS ON TO AS MANY PEOPLE AS YOU CAN

Letters

to make the matter more complicated, patients do not realize that the general practitioner can help to solve these physical difficulties. However, the general practitioner is in an ideal position to analyse the situation and to advise the patient where to go for advice.

One such place is a disabled living centre. There are 15 offering a fully comprehensive service and six a limited service around the country and these centres provide a number of services including information on all aspects of disability for careers, a teaching base where seminars and exhibitions can regularly be held, and a centre where disabled people may go to try out equipment.

In December 1981 a disabled living centre opened in Leeds in the grounds of a geriatric hospital. It houses over 3000 of the 7000 pieces of equipment available to help disabled people. The centre and its functions have regularly been advertised on regional television and radio and in the local newspapers. Leaflets and posters can be seen in the city's libraries and in many hospital outpatient departments. All general practitioners in Leeds were sent a poster to be displayed in the waiting area and were invited to open days at the centre with the proviso that if they were unable to attend they would be made welcome at a time to suit. Only 10 of the 380 general practitioners in Leeds had visited the centre four years after it opened.

In order to discover why their response was so poor a questionnaire was sent to all 380 general practitioners in the Leeds Metropolitan district. The questionnaire sought a brief description of the practice and whether the staff were aware of the centre and its services. It asked for subjects of interest for teaching purposes and further questions sought to ascertain whether the doctor was aware of where items of equipment commonly used by disabled people may be obtained. No reminder was sent.

Fewer than 50% of the 138 respondents had heard of the centre prior to receiving the questionnaire and 21% had the poster on display. Although all district nurses and health visitors had been invited to attend a study day at the centre or to be shown around, only 30% of those known to the respondents had done so. A varying proportion of respondents knew how to obtain the most commonly used pieces of equipment — disabled driver's badge 71%, commode 19%, bath aids 52%, and wheelchair 48%. It was interesting to note that only 25% of the respondents felt that patients were disabled if they could not get out of their home.

Inability to control one's daily life is a

frustrating and depressing experience and carers frequently feel tied to the home because the disabled person is not able to make a drink, go to the toilet, reach the telephone, or make a small snack for him/herself. A visit to a disabled living centre and a call to a community occupational therapist should change this situation. With the correct equipment and efficient tuition independence in simple tasks can create a more fulfilled and happier patient.

As an occupational therapist I would like to see therapists working in health centres, attending practice meetings, identifying the functional difficulties of patients and helping to solve their problems, but, given the shortage of occupational therapists this is just a pipe dream. Nevertheless, one solution is for general practitioners to be aware of potential problems, and to direct patients to a disabled living centre where advice and help can be sought. All visitors are seen by a qualified member of staff who will spend as much time as necessary assessing and guiding the patient to the correct pieces of equipment. The centres are usually open from 09.30 to 16.30 hours Monday to Friday.

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2. Finch B. General practitioners and social help for the handicapped. *J R Coll Gen Pract* 1975; 25: 21-26.
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Telephone management of out-of-hours calls

Sir,
Dr Gadsby's figures for out-of-hours workload (Letters, October Journal, p.462) demonstrate why he finds weekends on duty more stressful than weekdays, with a higher disturbance rate, telephone call rate and night visiting rate at weekends. I have recorded all out-of-hours work for four years covering a population of approximately 13 000 and 223 nights on call (159 week nights) or 15% of the practice work. While my figures for week-day work are in broad agreement with those of Dr Gadsby they differ at weekends. Although I am twice as likely to visit a patient between 23.00 and 07.00

hours at weekends (33% of weekend nights versus 17% of weekday nights), the rate of calls managed by telephone is less (28% versus 40%) and the overall disturbance rate not very different (56% versus 64%). Between these hours telephone calls result in a visit on 54% of occasions at weekends and only 30% of occasions during the week.

My night visiting rate per 1000 patients per year is the same (6.0) as when last studied¹ five years ago. The rate for telephone advice calls for 23.00-07.00 hours is 10.2 per 1000 patients per year, giving a total disturbance rate of 16.2 per 1000 patients per year. The respective figures for all out-of-hours work are 35.9 (visiting rate), 102.4 (calls managed by telephone) and 138.4 disturbances per 1000 patients per year, thus, as before¹ confirming a lower visiting rate than any other study, contrary to Dr Coleman's letter (October Journal, p.463). However, the total disturbance rate is very similar to that found by Dr Marsh (129.9) (July Journal, p.301).

Of 1099 out-of-hours disturbances over four years, 813 (74%) were managed on the telephone and 286 (26%) required visits, compared with 58.6% and 36.6% in Dr Marsh's study. Between 23.00 and 07.00 hours there were 129 disturbances of which 81 (63%) were managed on the telephone and 48 (37%) by visits, compared with 58.2% and 41.8% in Dr Marsh's study.

These studies have shown repeatedly that a good proportion (49-74%) of on-call work can be managed successfully on the telephone. Dr Marsh is to be congratulated on a well argued case against those who do not credit the patient with any initiative or intelligence and believe every call needs a visit. It is up to them to produce more than anecdotal evidence that patients suffer as a result of management by telephone.

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1. Hodday PJ. Night workload in one health district. *Br Med J* 1984; 289: 663-664.

Sir,

We were interested to read the paper by Drs Marsh, Horne and Channing on telephone advice in managing out-of-hours calls (July Journal, p.301). The figure of 59% of calls managed by telephone advice approximates to the 70%



Newspapers on mobile phones

SENTARA *Sentara Authorization to Disclose Protected Health Information*

Printed Name: _____ SSN/Medical Record Number: _____
Date of Birth: _____ Display Phone Number: _____

I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:
Address: _____
3. The type and amount of information to be used or disclosed is as follows: (check all that apply)
 problem or medication list
 list of allergies
 immunization record
 most recent history and physical
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 laboratory results from (date) _____ to (date) _____
 x-ray and imaging reports from (date) _____ to (date) _____
 consultation reports
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 Other: _____

4. I understand that the information to my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and measures for prenatal and drug abuse.
5. This information may be disclosed to and used by the following individual or organization:
Address: _____
for the purpose of _____

6. I understand that I have a right to revoke this authorization at any time. Please see our Notice of Privacy Practices for information on how to revoke this authorization. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides no waiver with the right to contest a claim under my policy. Unless otherwise provided, this authorization will expire on the following date: check or complete: _____ If I fail to specify an expiration date, event or condition, the authorization will expire in six (6) months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form to receive treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 42 CFR 164.504. Examples of factors regarding the disclosure of health information will not apply.
8. Some states will not receive reimbursement for this disclosure.
I understand that any disclosure of information contrary to this consent for an assessment, evaluation and the information may not be protected by federal confidentiality laws. If there are questions about disclosure of my health information, I can contact Sentara Privacy Counsel: 757-627-2434

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Toll free number should I use?

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Try an online database even if the telephone books can no longer be part of most people's lives, their function lives through online databases that simplify to find phone numbers and other information. At least, you will have an idea of where they live and how to contact them again. More from DonestionsWered.net JavaScript not enabled We have detected that your browser's javascript is not enabled. WHITAGES, for example, lists probable relatives while searching. Other from questionsWered.net photo Photo of courtesy: Dan Polsori / Getty Images Become mobile phones have become the a €

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