

<b>ENROLMENT FORM</b>		NHI	
<b>Dr:</b>		<b>NZMC:</b>	
		<b>EDI: gimc2</b>	
Title  Mr Mrs Ms Miss Dr	First Name(s)	Family Name	
Preferred Name		Other Names Known By (e.g. maiden name)	
Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female  <input type="checkbox"/> Gender Diverse: (Please specify)		Place / country of birth	
<b>Physical Address</b> <b>Note that we need Rapid Numbers and Road Address. R D not sufficient.</b>	Street or Rapid (rural) number      Name of Street	Date of Birth	
	Suburb	Occupation/Employer	
	City/Town      Postcode	Community Services Card <b>YES / NO</b>	Card Number
Postal Address (If different from above)		High User Health Card <b>YES / NO</b>	Card Number
			Expiry Date
<b>Contact Details</b>			
Home Phone		Work Phone	Cell Phone      Email
<b>Emergency Contact</b>			
Name of Person to Contact		Relationship	Phone Number      Other contact details:
<b>Which ethnic group do you belong to? Mark the space or spaces which apply to you</b>		<b>Please circle your smoking status</b>	
New Zealand European		Never smoked (#1371)	Trying to give up (#137G)      Smoker (#137R)      Ex-Smoker (#137S)
Māori*		<b>Is there any other information that you would like us to know?</b>  <b>Transfer of Records</b> <b>In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register</b> <b>Yes *      No *      Not applicable *</b> <b>Doctor's Name:</b> <b>Address / Location:</b> <b>For receiving practice: Green Island Medical Centre; – EDI – gimc2</b>	
Cook Islands Māori*			
*Iwi/Tribe:			
Samoan			
Tongan			
Niuean			
Chinese			
Indian			
Other such as DUTCH, JAPANESE, TOKELAUAN: (Please state)			

## Enrolment in the Practice / Primary Health Organisation (PHO)

I intend to use **Waverley Health** as my regular and on-going provider of general practice / GP / First Level primary health care services.

**I am eligible to enrol** because **I live in New Zealand** and meet one of the following criteria:

- a) I am a New Zealand citizen **OR**
- b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)
- c) I am an Australian citizen or Australian permanent resident AND able to show I have been in New Zealand or intend to stay in New Zealand for at least 2 consecutive years **OR**
- d) I have a work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included) **OR**
- e) I am an interim visa holder who was eligible immediately before my interim visa started **OR**
- f) I am a refugee or protected person OR in the process of applying for, or appealing refugee or protection status, OR a victim or suspected victim of people trafficking **OR**
- g) I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one of the criterion in clauses a-f above **OR**
- h) I am 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder **OR**
- i) I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old) **OR**
- j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- k) I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

**I confirm** that, if requested, I can provide proof of my eligibility.

### My agreement to the enrolment process

**NB Parent or caregiver to sign if you are under 16 year**

**I choose to enrol with this practice as my regular and on-going provider of general practice / GP / First Level primary health care services.**

**I understand** that by enrolling with this practice I will be enrolled with the Primary Health Organisation (PHO) this practice belongs to, and my name, address and other identification details will be included on both the Practice and the PHO Enrolment Register.

**I understand** that if I visit another provider where I am not enrolled I may be charged a higher fee.

**I have been given information** about the benefits and implications of enrolment with the PHO, and their contact details.

**I have read and I agree** with the Health Information Privacy Statement.

**I agree** to inform the practice of any changes in my eligibility.

**I understand** the payment is expected at time of consultation and any accounts that become outstanding may be referred to a debt collection agency and I may incur extra costs.

	/ / Day Month Year
<b>SIGNATURE</b>	<b>DATE</b>

OR Signed by AUTHORITY<sup>1</sup>

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	/ / Day Month Year

1. An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

# Health Information Privacy Statement

I understand the following:

## Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

## Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice.

If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular doctor, he/she can make a claim for a subsidy, and the practice I am enrolled in will be informed of the date of that visit.

The name of the practice I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

## Patient Enrolment Information

The information I have provided on the Practice Enrolment Form will be:

- Held by the practice
- Used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- Sent to the PHO and Ministry of Health to obtain subsidised funding on my behalf
- Used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies but only when permitted under the Privacy Act.

## Health Information

Members of my health team may:

- Add to my health record during any services provided to me and use that information to provide appropriate care
- Share relevant health information to other health professionals who are directly involved in my care

## Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

## Health Programmes

Health data relevant to a programme in which I am enrolled (e.g. Breast Screening, Immunisation, Diabetes) may be sent to the PHO or the external health agency managing this programme.

## Other Uses of Health Information

Health information *which will not include my name but may include my National Health Index Identifier (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

- Health service planning and reporting
- Monitoring service quality
- Payment

## Research

My health information may be used for health research, but only if this has been approved by an ethics Committee and will not be used or published in a way that can identify me.

Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical practice unless I give specific consent for this information to be communicated.

## Enrolling with General Practice

General practice provides comprehensive primary, community-based, and continuing patient-centred health care to patients enrolled with them and others who consult. General practice services include the diagnosis, management and treatment of health conditions, continuity of health care throughout the lifespan, health promotion, prevention, screening, and referral to hospital and specialist.

Most general practice providers are affiliated to a PHO. The fund-holding role of PHOs allows an extended range of services to be provided across the collective of providers within a PHO.

## Enrolling with a Primary Health Organisation (PHO)

### What is a PHO?

Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHOs bring together doctors, nurses and other health professionals (such as Maori health workers, health promoters, dietitians, pharmacists, physiotherapists, mental health workers and midwives) in the community to serve the needs of their enrolled populations.

PHOs receive a set amount of funding from the government to ensure the provision of a range of health services, including visits to the doctor. Funding is based on the people enrolled with the PHO and their characteristics (e.g. age, gender, ethnicity). Funding also pays for services that help people stay healthy and services that reach out to groups in the community who are missing out on health services or who have poor health.

### Benefits of Enrolling

Enrolling is free and voluntary. If you choose not to enrol you can still receive health services from a chosen GP / general practice / provider of First Level primary health care services. Advantages of enrolling are that your visits to the doctor will be cheaper and you will have direct access to a range of services linked to the PHO.

### How do I enrol?

To enrol, you need to complete an Enrolment Form at the general practice of your choice. Parents can enrol children under 16 years of age, but children over 16 years need to sign their own form.

## Q & A

### What happens if I go to another General Practice?

You can go to another practice or change to a new general practice at any time. If you are enrolled in a PHO through one general practice and visit another practice as a casual patient you will pay a higher fee for that visit. So if you have more than one general practice you should consider enrolling with the practice you visit most often.

### What happens if the general practice changes to a new PHO?

If the general practice changes to a new PHO the practice will make this information available to you.

### What happens if I am enrolled in a general practice but don't see them very often?

If you have not received services from your general practice in a 3 year period it is likely the practice will contact you and ask if you wish to remain with the practice. If you are not able to be contacted or do not respond your name will be taken off the Practice and PHO Enrolment Registers. You can re-enrol with the same general practice or another general practice and the affiliated PHO at a later time.

### How do I know if I'm eligible for publicly funded health and disability services?

Talk to the practice staff, call 0800 855 151, or visit;

<http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0> and work through the Guide to Eligibility Criteria.



**Green Island Medical Centre**

4 Howden Street  
Green Island  
Dunedin 9018

**TERMS OF TRADE**

I acknowledge that I have been informed of the procedure for a new patient to be seen in a double appointment with the Nurse and Doctor at the cost of \$75 without a Community Services Card and \$54 with the card to be paid on the day.

All consultations require payment before seeing the Doctor or Nurse, unless Prior arrangement is made with Management of the Green Island Medical Centre.

If payments are not made and debts incurred then they will be referred to our debt collection agency and the costs of recovering the debt will be added to your account.

Patients name: \_\_\_\_\_

Signature: \_\_\_\_\_

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