

Enrolment Form

I intend to use this General Practice as my usual provider of primary health care services. Please register me with the Practice and enrol me with your Primary Health Organisation.

PREFERRED DOCTOR:			
TITLE:	FIRST NAME(S):	FAMILY NAME:	
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	DATE OF BIRTH :	NHI NUMBER:	
PLACE / COUNTRY OF BIRTH:			
PHYSICAL ADDRESS: <i>Where you physically live, cannot be a Post Box or Private Bag</i>			
UNIT NUMBER:	STREET:		
SUBURB:	CITY / TOWN:	POST CODE:	
POSTAL ADDRESS: <i>Where you would like your mail delivered, leave blank if same as above</i>			
UNIT NUMBER:	STREET:		
SUBURB:	CITY / TOWN:	POST CODE:	
CONTACT NUMBERS:			
HOME:	WORK:	MOBILE:	EMAIL:
Do you consent to receive communication from this practice via text messaging? <i>(Please tick one)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
NEXT OF KIN: <i>(For emergency contact)</i> NAME:			
ADDRESS:		RELATIONSHIP:	
HOME:	MOBILE:	WORK:	
YOUR EMPLOYER DETAILS: EMPLOYER:		PHONE:	
OCCUPATION:	OR	RETIRED <input type="checkbox"/>	CHILD <input type="checkbox"/>
ETHNIC GROUP: <i>(Please tick all that apply)</i>			
10. European not defined <input type="checkbox"/>	34. Niuean <input type="checkbox"/>	44. Other Asian <input type="checkbox"/>	
11. NZ European / Pakeha <input type="checkbox"/>	35. Tokelauan <input type="checkbox"/>	51. Middle Eastern <input type="checkbox"/>	
12. Other European <input type="checkbox"/>	36. Fijian <input type="checkbox"/>	52. Latin American / Hispanic <input type="checkbox"/>	
21. NZ Māori <input type="checkbox"/>	37. Other Pacific Island <input type="checkbox"/>	53. African <input type="checkbox"/>	
30. Pacific Island not defined <input type="checkbox"/>	40. Asian not defined <input type="checkbox"/>	61. Other ethnicity <input type="checkbox"/>	
31. Samoan <input type="checkbox"/>	41. South East Asian <input type="checkbox"/>	Please State _____	
32. Cook Island Māori <input type="checkbox"/>	42. Chinese <input type="checkbox"/>	98. Declined to State <input type="checkbox"/>	
33. Tongan <input type="checkbox"/>	43. Indian <input type="checkbox"/>	99. Not Stated <input type="checkbox"/>	
RESIDENCY STATUS: <i>(Please tick one)</i>			
Do you have NZ Residency or have you lived in NZ on a permanent basis for 2 years or longer?			YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HOLD A COMMUNITY SERVICES CARD OR HIGH USE HEALTH CARD? <i>(Please tick where applicable)</i>			
Community Services Card (CSC)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Card Number _____	Expiry date _____
High Use Health Card (HUHC)	YES <input type="checkbox"/> NO <input type="checkbox"/>		
SMOKING STATUS: Do you smoke tobacco? <i>(Please tick one)</i>			
CURRENT SMOKER <input type="checkbox"/>	PAST SMOKER (GIVEN UP MORE THAN 12 MONTHS AGO) <input type="checkbox"/>	NEVER SMOKED <input type="checkbox"/>	
TRANSFER OF RECORDS:			
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 register			
YES <input type="checkbox"/>		NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>	
PREVIOUS PRACTICE:		PHONE:	
ADDRESS: City/Town			

Please turn over for eligibility, declaration and signature.

OFFICE USE ONLY	
DATE:	INITIAL:

ELIGIBILITY

Please tick which of these Eligibility Criteria are applicable to you:

- New Zealand Citizen
- Ordinary resident in New Zealand
- i. Hold a residence permit/visa and been lawfully in New Zealand for a minimum of 2 years or hold a current returning residents visa
- ii. Australian citizen able to demonstrate intent to stay in New Zealand for a minimum of 2 years; or
- iii. Work permit/visa holder able to demonstrate lawfully able to be in New Zealand for a minimum of 2 years
- Refugee
- Other (provide detailed grounds of entitlement including any relevant permit/visa and applicable dates)
- o **OR**
- I am NOT eligible to be enrolled for subsidised service entitlements

Please note: We will require a photocopy of your passport with any relevant permits/visas to verify eligibility or NZ birth certificate AND 2 further forms of identification, one being a photo id unless passport supplied.

I understand that:

1. This provider is a member of a Primary Health Organisation. I have been informed of the implications of enrolment with a Primary Health Organisation and I intend to use this practice as my usual provider of primary health care services.
2. For funding purposes, provision of the following information and its use as described below, is mandatory to enable me to receive subsidised funding pursuant to this enrolment process:

Non clinical information

 - a) the information on this form (including the name of my provider and the date of my last consultation), but not my health information, will be sent to the District Health Board or its agent to obtain subsidised funding on my behalf.
 - b) the information I have provided on this form will be used by the Ministry of Health to give me a National Health Index (NHI) number or update my NHI information.
 - c) If I enroll with another Primary Health Organisation, my previous or 'old' Primary Health Organisation will be informed of this change. They will not be informed of the name of my new Primary Health Organisation.
 - d) If I visit another provider, the Primary Health Organisation I am enrolled with will be informed of the date of this visit and my NHI number but it will not receive the provider's name or my health information in relation to this visit.

Clinical information

 - e) My health information, which will not include my name, may be sent to:
 - i. The Ministry of Health and District Health Boards to plan, monitor and fund future primary health care services, or
 - ii. The PHO if I am part of one of its programmes (e.g. Care Plus, diabetes) and it has obtained my consent for this purpose.
 - f) My primary health care provider may add to my health information during any treatment provided to me and may send my health information to other health professionals who are directly involved in my health care and treatment.
 - g) My health information may be viewed for claim verification purposes but only pursuant to the terms and conditions of Section 22G of the Health Act.

I have rights of access to, and correction of, my health information pursuant to rules 6 & 7 of the Health Information Privacy Code. I declare the information I have given is true and complete as far as I know.

3. I will advise my practice if I decide to change to a different doctor/practice and will keep them updated with any changes to my circumstances such as moving house or new phone numbers.
4. I agree to the Terms of Trade as displayed in the Surgery.

	/ /
SIGNATURE	DATE

OR Signed by Authority

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	/ /
Detail the basis of authority (e.g. parent of child under 16)		DATE

OFFICE USE ONLY	
DATE:	INITIAL:

What Your Enrolment Information Is Used for:

Practices typically hold two types of information about you:

- ◆ Non-clinical information (your name, address etc...)
- ◆ Clinical information (what you talk to the doctor or nurse about in the privacy of the consulting room, plus any lab tests undertaken, diagnoses made or medicines you are prescribed)

Non-clinical information:

- ◆ The practice is required to pass on your non-clinical information to the PHO, its administration agencies and HealthPAC (the payment arm of the Ministry of Health) in order to obtain the funding that gives you subsidised care.

Clinical information:

- ◆ Our health care professionals (doctors & nurses) make notes of what you talk to them about. These notes help them to provide good care for you (it is also a legal and ethical requirement that they do so). This information is kept on the practice's own computers (and/or paper records). This information is not normally passed to anyone outside the practice.
- ◆ However, if you need a lab test or a prescription, or are referred to a specialist or hospital, some of your information will need to go to that other person or organisation, in order for them to be able to provide proper care for you.
- ◆ Similarly, if you are part of some of our programmes (e.g. Care Plus, diabetes, CVD) some information will go to the PHO and the particular providers of those programmes, to help make sure these programmes are working well for you and other people. You will be asked to consent for this when you are enrolled in any such programmes.
- ◆ Finally, this practice and PHO are part of a national quality improvement programme, called the PHO Performance Programme. So that we can measure how well we are caring for you and compare our services with other PHO's, we need to electronically supply clinical information attached to your National Health Index (NHI) number but without any details of your name or address. This data will be used to produce reports for the District Health Board and Ministry of Health that do not identify you individually in any way.