

<b>Christchurch PHO</b>	<h1>Patient Enrolment Form</h1>	<b>GP2GP 38555 burnside</b>
-------------------------	---------------------------------	---------------------------------

<b>Practice Name: Burnside Medical Centre</b>	<b>Doctor: Catherine Xu</b>	<b>NHI (office use only)</b>
---	-----------------------------	------------------------------

Information marked with \* is mandatory

<b>Personal Details:</b>			
Mr, Mrs, Ms, Miss Mast	Family Name *	First Name(s) *	Date of Birth *
Place & Country of Birth *			Iwi:
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Gender Diverse <input type="checkbox"/>	(Please State)

<b>Physical Address (Must be a street address or Rapid address number <u>not</u> PO Box or Private Bag)</b>			
Street number & Name *	Suburb *	City *	Post Code *
<b>Telephone number</b>		<b>Email address</b>	
Home:	Work:	Mobile:	

<b>Community Services Card:</b>			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number:	Expiry Date:
Smoker <input type="checkbox"/>	Ex-smoker <input type="checkbox"/>	Never Smoked <input type="checkbox"/>	
Are you interested in quitting? Yes / No		How long ago? _____	

<b>Transfer of Records from another Practice:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
---	------------------------------	-----------------------------	---

In order to get the best coordinated healthcare, I ask this Practice to request my medical records to be transferred from my previous Practice; I also understand that I will be removed from the register of my previous Practice.

<b>Previous Doctor / Practice Name:</b>
---

<p><b>Ethnicity (2013 Census)</b></p> <p>Which ethnicity group do you belong to? Please mark the ethnicity or ethnicities that apply to you.</p> <ul style="list-style-type: none"> <li><input type="radio"/> NZ European</li> <li><input type="radio"/> Maori</li> <li><input type="radio"/> Samoan</li> <li><input type="radio"/> Cook Island Maori</li> <li><input type="radio"/> Tongan</li> <li><input type="radio"/> Niuean</li> <li><input type="radio"/> Chinese</li> <li><input type="radio"/> Indian</li> <li><input type="radio"/> Other (such as DUTCH, JAPANESE, TOKELAUAN), Please state</li> </ul> <p>_____</p>	<p><b>Patient Survey</b></p> <p>From time to time we may contact you and ask for your feedback on your experience of care. This provides important information which we use to improve health services. Participation is voluntary and anonymous.</p> <p>Patient Survey Contact details as above <input type="checkbox"/> <b>OR</b></p> <p>I do not wish to participate in Patient Survey <input type="checkbox"/></p> <p><b>By enrolling</b> I intend to use this Practice as my regular and ongoing provider of general practice and First Level primary healthcare services. I understand that if I visit another provider where I am not enrolled, I may be charged a higher fee.</p> <p><b>I have</b> been given information about the benefits and implication of enrolment with the Primary Health Organisation (PHO) and their contact details. I understand that by enrolling with this Practice I will be enrolled with Christchurch PHO, and my name, address and other identification details will be included on both this Practice's and Christchurch PHO's enrolment register.</p> <p><b>I have read and I agree</b> with the Health Information Privacy Statement.</p>
--	--

<b>Signed *</b>	<b>Full Name*</b>	<b>Date *</b>
<p><b>Relationship if not person shown on the form</b> i.e. Parent or legal guardian if you are under 16 years of age <u>or</u> legally authorized representative e.g. attorney, if the person is unable to consent on their own behalf.</p>		

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

See table below, talk to the Practice staff, call 0800 746 2424 or visit the website below;  
<http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-direction> and work through the Guide to Eligibility Criteria.

### Enrolment in the Practice / Primary Health Organisation

I am entitled to enrol because I am residing permanently in New Zealand<sup>1</sup> and I am a New Zealand citizen  
**OR** meet one of the criteria laid out in the 'Enrolling with General Practice Guide' - state which letter:

I confirm that I can provide proof of my eligibility.

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

If you **reside permanently in New Zealand** and you are **not** a New Zealand citizen, you are **eligible to enroll** if you meet one of the following eligibility criteria:

a)	Hold a resident visa or a permanent resident visa (or a residence permit if issued before 2010) <b>OR</b>
b)	Are 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 <b>OR</b>
c)	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) <b>OR</b>
d)	Are an interim visa holder who was eligible immediately before my interim visa started <b>OR</b>
e)	Are 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 <b>OR</b>
f)	Are under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a-e <b>OR</b>
g)	Are 18 or 19 years old and can demonstrate that on the 15 April 2011, I was the dependent of an eligible work visa/permit holder (visa must still be valid) <b>OR</b>
h)	Are a NZ Aid Program student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old) <b>OR</b>
i)	Are participating in the Ministry of Education Foreign Language Teaching Assistantship scheme <b>OR</b>
j)	Are a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

**Note:** 1. The definition, residing permanently in NZ, means that you intend to be resident in New Zealand for at least 183 days in the next 12 months.

### Employer/Occupation Details/School

Occupation	Employer/School
Employer Address	

### Next of Kin Details (Parent/Guardian/Caregiver/Partner/Friend details)

Name	Relationship	Phone
Address		

**Fees:** Payment is expected at the time of consultation. Unpaid accounts that remain unpaid for 7 Days incur late fees; unpaid accounts that remain unpaid for 30 days may be lodged with a debt collection agency, and you will be liable to pay additional costs associated with the debt recovery.

Signed*	Date
---------	------

Greenstone Medical Practice Ltd, T/A Burnside Medical Centre, 368 Wairakei Rd, Burnside, Christchurch.  
 Tel 03 359 9974, Fax 03 359 9574; postal address: P O Box 34 024, Riccarton, Christchurch 8440

Office Use Only: NHI\_\_ INFO\_\_ REQ\_\_ ENR\_\_ PP\_\_

## **Enrolling with General Practice**

General Practice provides comprehensive primary, community-based and continuing patient-centered health care to patients. General Practice services include the diagnosis, management and treatment of health conditions, continuous health care throughout the lifespan, health promotion, prevention, and screening, and also referral to hospitals and specialists.

## **Enrolling with a Primary Health Organisation**

### **What is a PHO?**

Primary Health Organisations (PHO) are the local structures for delivering and coordinating primary health care services. A PHO brings together Doctors, Nurses and other health professionals (such as Maori health workers, health promoters, dieticians, 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 doctors. Funding is based on the people enrolled with the PHO and their characteristics (e.g. age, gender and 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 enroll you can still receive health services from a chosen General Practitioner / General Practice / provider of First Level primary healthcare 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 enroll?**

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

### **Christchurch Primary Health Organisation**

Your general practice provider is affiliated to Christchurch PHO. Christchurch PHO holds the fund-holding role and allows an extended range of services to be provided across the collective of members. Christchurch PHO also provides clinical governance, quality and education support to its members.

## **Questions & Answers**

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

You can go to another General 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 visit 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 that 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-enroll with the same General practice or another General Practice and the affiliated PHO at a later time.

# Health Information Privacy Statement

## I understand the following:

### **Access to my health information**

I have the right to access (correct) 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 the 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 with 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 review the health records.

### **Health Programmes**

Health data relevant to a programme which I am enrolled in (eg. Breast Screening, Immunisations, 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, and
- 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.