

# Drs Cammack & Evans

# Paraparaumu Beach PATIENT ENROLMENT FORM

(All fields marked with \* must be completed)

Surname*:		Title:	
Given Names*:		D.O.B*:	
Gender*:	If Gender Diverse please state	Country of Birth*:	
		Place of Birth*:	
Address*:		Postal Address:	
		<i>(if different from physical address)</i>	
Email*:			
Phone Number/s*:	<i>Home</i>	<i>Work</i>	<i>Mobile</i>
Smoking Status:	Current Smoker <input type="checkbox"/> Ex-Smoker <input type="checkbox"/> Never Smoked <input type="checkbox"/>		
Emergency Contact/ Next of Kin*:		Relationship:	Contact number:
Community Services Card:	Expiry:	No.:	
High User Card	Expiry:	No.:	

<ul style="list-style-type: none"> <li>*I am eligible to enrol in Compass PHO. I choose to use Drs Cammack &amp; Evans as my regular and on-going providers of general practice/GP/First Level primary health care services. I am eligible and entitled to enrol because I am residing permanently in New Zealand and:                     <ul style="list-style-type: none"> <li>I am a New Zealand Citizen <input type="checkbox"/> OR</li> <li>I meet one of the criteria laid out below, with the corresponding letter: <input type="checkbox"/></li> </ul> </li> <li>I have read and agree with the Use of Health Information statement below. The information I have provided on the Enrolment Form will be 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.</li> <li>I confirm that if requested I can provide proof of my eligibility</li> <li>I agree to inform the Practice of any changes in my eligibility.</li> <li>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.</li> <li>I understand that if I visit another Provider where I am not enrolled, I may be charged a higher fee.</li> <li>I have been given information about the benefits and implications of enrolment with the PHO, and their contact details.</li> </ul>	<p><b>*To which ethnic group do you belong?</b></p> <p>NZ European..... <input type="checkbox"/></p> <p>Maori ..... <input type="checkbox"/></p> <p>Samoan ..... <input type="checkbox"/></p> <p>Cook Island Maori ..... <input type="checkbox"/></p> <p>Tongan ..... <input type="checkbox"/></p> <p>Niuean ..... <input type="checkbox"/></p> <p>Chinese ..... <input type="checkbox"/></p> <p>Indian ..... <input type="checkbox"/></p> <p>Other – please state:</p> <p>.....</p> <hr/> <p style="text-align: center;"><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><input type="checkbox"/> Yes, I'm happy to participate</p> <p><input type="checkbox"/> No I don't wish to participate</p>
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\*Signed: \_\_\_\_\_ \*Date: \_\_\_\_\_

or \*Signed authority: \_\_\_\_\_ \*Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

**A person is fully eligible and entitled to be enrolled in a PHO if he / she is residing in New Zealand and:**

(a) Is a New Zealand citizen

**OR**

(b) Holds a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)

**OR**

(c) Is an Australian citizen or Australian permanent resident AND has been in New Zealand or intends to stay in New Zealand for at least 2 consecutive years.

**OR**

(d) Has a work visa/permit and is able to show that he/she is able to be in New Zealand for at least 2 years (previous permits included)

**OR**

(e) Is an interim visa holder who was eligible immediately before their interim visa started

**OR**

(f) Is a refugee or protected person OR is in the process of applying for, or appealing refugee or protection status, OR is a victim or suspected victim of people trafficking

**OR**

(g) Is under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a–f above

**OR**

(h) Is a NZ Aid Programme student studying in New Zealand and receiving Official Development Assistance funding (or their partner or child under 18 years old)

**OR**

(i) Is participating in the Ministry of Education Foreign Language Teaching Assistantship scheme

**OR**

(j) Is a Commonwealth Scholarship holder studying in New Zealand and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

# Use of Health Information



## 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.

### Shared Care Record

An electronic summary of my health information will be available to health professionals in hospitals and other settings who are directly involved in my care. If I do not want my information to be available on the Shared Care Record, I have the option to opt out, or to have specific health information excluded. For more information visit [www.scr.org.nz](http://www.scr.org.nz)

### 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 (eg: 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.