

Christchurch PHO	<h1>Patient Enrolment Form</h1>	GP2GP 38555 burnside
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Practice Name: Burnside Medical Centre	Doctor: Catherine Xu	NHI (office use only)
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Information marked with * is mandatory

Personal Details:			
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)

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

Community Services Card:			
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? _____	
Transfer of Records from another Practice: 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.			
Previous Doctor / Practice Name:			

<p>Ethnicity (2013 Census)</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"> <input type="radio"/> NZ European <input type="radio"/> Maori <input type="radio"/> Samoan <input type="radio"/> Cook Island Maori <input type="radio"/> Tongan <input type="radio"/> Niuean <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Other (such as DUTCH, JAPANESE, TOKELAUAN), Please state : ----- 	<p>By enrolling 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>I have 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>I have read and I agree with the Health Information Privacy Statement.</p>
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Signed *	Full Name*	Date *
<p>Relationship if not person shown on the form 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 Zealand¹ 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) OR
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 OR
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) OR
d)	Are an interim visa holder who was eligible immediately before my interim visa started OR
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 OR
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 OR
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) OR
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) OR
i)	Are participating in the Ministry of Education Foreign Language Teaching Assistantship scheme OR
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: Payments are expected at the time of consultation. Accounts that remain unpaid for 30 days incur additional administration fees. They may also be lodged with our debt collection agency, and you will be liable to pay the costs associated with debt recovery. We reserve the right of ceasing non-urgent services until all debts are paid.

Signed*	Date
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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__ Photo ID__

Information on Enrolment

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

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, etc) in the community to serve the health needs of their enrolled populations.

A PHO receives a set amount of funding from the government to subsidise a range of health services, including primary healthcare visits, and health maintaining and promotion programmes in the community, etc. The funding is based on the number and demographic details of the enrolled population.

Christchurch Primary Health Organisation

Burnside Medical Centre is affiliated to Christchurch PHO. Christchurch PHO plays the fund-holding role and allows an extended range of services to be provided by its members. Christchurch PHO also provides clinical and administrative governance, and quality and education guidance and support to its members.

Benefits of enrolling

Enrolling with a General Practice 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.

Changing to another General Practice?

You can go to another General Practice at any time. If you are enrolled with one General Practice and visit another Practice as a casual (ie. unenrolled) patient you will pay a higher fee for that visit.

What happens if I am enrolled but only need to see the doctor occasionally?

If you have not received any services from Burnside Medical Centre for the last three years, we will contact you to see if you still wish to remain on our register. If you are not available to be contacted or do not respond, your name will be taken off the Practice and PHO Enrolment Registers. Although you can re-enroll with us later in case you miss our contact letter, this would depend on that our enrolment book is still open at the time you require medical services.

Enrolled persons have priority to receive medical care when we are busy, therefore, if you do wish to remain enrolled with us, please return our contact letter promptly so your name will remain on our register.

Important Notice

Updating Contact Details

We often need to contact you for a variety of reasons, such as informing you of results from your tests and scans, advising about follow-up consults following hospital discharges, reminding you of immunisations, treatment and tests, and also sending out re-enrolment letters, etc. It is very important to keep your contact details up to date with us so you will not miss out any important information.

You can update your contact by telephone, fax or on our website, and of course, in person when you are in the surgery. We appreciate your help to make our communication easier.

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 programmes which I am enrolled in (eg. Breast Screening, Immunisations, Diabetes) may be sent to the PHO or the external health agency managing these programmes.

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.