Masterton Medical - Patient Enrolment Form

*Patient Details (All fields marked with * must be completed)

4 Colombo Road, Masterton – 063700011 – health@mastertonmedical.co.nz – EDI mastertn – GP2GP Dr Nick Crozier 17555

ID sighted | Patient NHI

Personal Details*	
Title:	Family Name:
First Name/s:	Preferred/Maiden Name:
DOB:	Gender: Male ☐ Female ☐ Other ☐

Contact Details*		
Physical Address		
Street:		Suburb:
Town/City:		Postcode:
Home Phone:	Work Phone:	Mobile Phone:

Postal Address *(Complete if different from Physical Address)*	
PO Box/Street:	Suburb:
Town/City:	Postcode:

Email Address:

I consent to receive messages from Masterton Medical when appropriate re: appointment reminders, results, recalls or health promotions via: Text ☐ Yes ☐ No Email ☐ Yes ☐ No

Ethnicity* – Which ethnic group do you belong to? (tick the space or spaces that apply to you):

	NZ European		Maori Iwi & Region:		
	Samoan		Cook Island Maori		Tongan
	Niuean		Chinese		Indian

Other (such as Dutch, Japanese, Tokelauan). Please state:

Country of Birth:* Place of Birth:*

Community Service Card Details*

Number: Expiry Date: Current Winz Number:

Next of Kin/Emergency Contact Details*	
First and Family Name:	Relationship:
Physical Address:	Suburb:
Town/City:	Postcode:
Day Phone:	Mobile/After Hours phone:

Employment*	
Occupation:	Employer & Address:

Smoking Status – Smoking status is an important factor influencing health. Please tick the space that applies to those aged 15 and over.

☐ Never smoked ☐ Ex-Smoker ☐ Currently a smoker

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 practice register.

☐ Yes, please request transfer of my records ☐ No transfer ☐ Not applicable

Previous Doctor and/or Practice Name:
Address/Location:

SIGNED AUTHORITY*

I am entitled to enrol in Tū Compass Health PHO. I choose to use this Practice as my regular and ongoing provider 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 meet one of the following criteria *(Tick box that applies to you):

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) **OR**	
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 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.	

MY AGREEMENT TO THE ENROLMENT PROCESS

- **I have read and agree** with the Use of Health Information statement. 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.
- **I confirm** that if requested I can provide proof of my eligibility.
- **I agree** to inform the practice of any changes in my eligibility.
- **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 understand** that the Practice participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all response will be anonymous. I can decline the survey or opt out of the survey by informing the Practice. The survey provides important information that is used to improve health services.

By signing this enrolment, I confirm I have read and agree to Masterton Medical's terms and conditions of enrolment and payment policy. I will pay on the day of consultation, unless I have made prior arrangements and set up an automatic payment or winz redirection.

I also confirm I have read the Practice Charter and agree to the terms.

***SIGNED: _____ *DATE: _____**

Or *SIGNED AUTHORITY: _____ *DATE: _____

RELATIONSHIP TO PATIENT: _____

[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.

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

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.