

Enrolment Form

I intend to use this Primary Health Organisation as my usual provider of primary health care services. Please enrol me on your enrolment register.

SECTION 1

What are your personal details?

Note: This is your full name stated on your Passport.

Family Name:

First / Second Given Names:

Preferred Name:

Title: (please tick)

Mr Mast Mrs Ms Miss Dr Sir Dame

Date of Birth: (DD/MM/YYYY)

Gender: (please tick) Male Female

NHI number: (Practice Use Only)

SECTION 2

Where do you usually live?

Note: This address must be a residential street address not a post office box or private bag.

Unit or Flat Number: (numeric value first)

Street Number: (numeric value first)

Street Name/Rural Delivery: (please provide in full)

Suburb/Town: (please provide in full)

City/Locality: (please provide in full)

SECTION 3

Which ethnic group do you identify with?

Ethnicity: (Choose up to 3) only

- | | |
|--|---|
| <input type="radio"/> 10. European not defined | <input type="radio"/> 40. Asian not defined |
| <input type="radio"/> 11. NZ European / Pakeha | <input type="radio"/> 41. South East Asian |
| <input type="radio"/> 12. Other European | <input type="radio"/> 42. Chinese |
| <input type="radio"/> 21. NZ Maori | <input type="radio"/> 43. Indian |
| <input type="radio"/> 30. Pacific Island Not defined | <input type="radio"/> 44. Other Asian |
| <input type="radio"/> 31. Samoan | <input type="radio"/> 51. Middle Eastern |
| <input type="radio"/> 32. Cook Island Maori | <input type="radio"/> 52. Latin American / Hispanic |
| <input type="radio"/> 33. Tongan | <input type="radio"/> 53. African |
| <input type="radio"/> 34. Niuean | <input type="radio"/> 54. Other |
| <input type="radio"/> 35. Tokelauan | <input type="radio"/> 98. Declined to State |
| <input type="radio"/> 36. Fijian | <input type="radio"/> 99. Not Stated |
| <input type="radio"/> 37. Other Pacific Island | |

SECTION 4

Do you hold a Community Services Card or High Use Health Card?

Community Services Card (CSC) (please tick) Yes No

Card Number.....

Expiry Date

High Use Health Card (HUHC) (please tick) Yes No

Card Number.....

Expiry Date

SECTION 5

What are your phone contact numbers?

Daytime Number:

Evening Number:

Mobile Number:

To be eligible to be enrolled for subsidised service entitlements you must meet the Eligibility Criteria directed by the Minister of Health from time to time.

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

New Zealand Citizen

Ordinarily resident in New Zealand

- i) hold a residence permit and been lawfully in New Zealand for a minimum of 2 years or holds a current returning residents visa
- ii) Australian citizen able to demonstrate intent to stay in New Zealand for minimum of 2 years; or
- iii) Work permit holder able to demonstrate lawfully able to be in New Zealand for minimum of 2 years

Refugee

Other (detail grounds of entitlement including any relevant permit and applicable dates)

OR

I am NOT eligible to be enrolled for subsidised service entitlements

I declare the information I have given is true and complete as far as I know.

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 Primary Health Organisation 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 enrol 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.

Signed _____

(Enrollee Name)

Date of Enrolment

OR Signed on my behalf by

Signed _____

Authority to sign

Date of Enrolment

If the person whose details are on this form is unable to sign for themselves then the person who filled in the form should sign the form and detail their authority for signing on behalf of that other person.

Enrolment Information Used for.....

Practices typically hold two types of information about you:

- non-clinical information (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 agents 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's 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 PHOs, we need to electronically supply clinical information attached to your National Health Index 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.