

CENTENNIAL HEALTH ENROLMENT FORM

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EDI: centenni
GP2GP: 8270 Sue Macpherson

			NHI		
Title:	Mr Mrs Ms Miss Dr	Family Name		First Names	
Preferred Name				Other Names Known By (e.g. maiden name)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Country of birth		
Physical Address			Date of Birth	_____ / _____ / _____ <small>Day Month Year</small>	
Note: we need Rapid Numbers & Road Address.		Street or Rapid (rural) number	Name of Street		
		Suburb		Community Services Card	YES / NO
		City/Town	Postcode	Card Number	Expiry Date
Postal Address If different				High User Health Card	YES / NO
				Card Number	Expiry Date
Contact No's		Work	Home	Cell	Email
Emergency contact		Name of person to contact		Relationship	Phone number
Next of Kin					

Which ethnic group do you belong to? Mark the space or spaces which apply to you		It is okay to text me? Yes <input type="checkbox"/> No <input type="checkbox"/>	
New Zealand European		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 <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Doctor's Name: Address / Location:	
Māori			
Samoan			
Cook Islands Maori			
Tongan			
Niuean			
Chinese			
Indian			
Other such as DUTCH, JAPANESE TOKELAUAN. Please state:			

Please circle your smoking status:

Never smoked Smoker Trying to give up Ex-smoker

Would like support to Quit

Is there any other health information that you would like us to know?

Please Turn Over

Enrolment in the Practice / Primary Health Organisation (PHO)

I intend to use **Centennial Health** as my regular and on-going provider of general practice / GP / First Level primary health care services.

I am eligible to enrol because I live in New Zealand and meet the residency criteria.

I can confirm that, if requested, I can provide proof of my eligibility.

My agreement to the enrolment process

NB Parent or caregiver to sign if you are under 16 years

I choose to enrol with this practice as my regular and on-going provider of general practice / GP / First Level primary health care services.

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 read and I agree with the Health Information Privacy Statement.

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

I understand the payment is expected at time of consultation and any accounts that become outstanding may be referred to a debt collection agency and I may incur extra costs.

I agree to the enrolment process as outlined on the laminated pages

I confirm that, if requested, I can provide proof of my eligibility.

The information I have provided on this 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.

	/ / Day Month Year
SIGNATURE	DATE

OR Signed by AUTHORITY¹

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	/ / Day Month Year
Detail the basis of authority (e.g. parent of a child under 16):		

Patient Survey

How did you hear about Centennial Health's services?

- By Radio:
- By Newspaper:
- By Word of Mouth:
- By internet (website):
- Other (please specify)

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

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 (e.g. 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 within the medical practice unless I give specific consent for this information to be communicated.