*** NHI** *(Office use only)*

The Practice on Francis Street
16 Francis Street
Blenheim 7201
03 5771911
www.thepractice.org.nz

ENROLMENT FORM

Name	(Title)	Given Name(s)	Surname/Family Name	
	Preferred Name		Previous Names (e.g. maiden name)	
Birth Details	Day / Month / Year of Birth		Place of Birth	Country of Birth
Gender	☐ Male ☐ Female ☐ Gender diverse (please state):		Preferred Pronoun/s:	

Residential Address	House Number and Street Name	Suburb	Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb	Town / City and Postcode
Contact Details	Mobile Phone / Alternative Phone	Email address	
Emergency Contact	Name	Relationship	Mobile (or other) Phone

I consent to receiving communication via email address/ text ☐Yes ☐No

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 I will be removed from their practice register, as I am only able to be enrolled at one practice at a time in New Zealand.*		
	☐ Yes, please request transfer of my records	☐ No transfer	☐ Not Applicable
	Previous Doctor and Practice Name	Address/ Location	
Transfer Authority	Signature	Date	

Ethnicity Details Which ethnic group(s) do you belong to. Tick all that apply	☐ New Zealand European ☐ Māori Iwi: ☐ Samoan ☐ Cook Island Maori ☐ Other (i.e. Dutch, Japanese, Tokelauan). Please state:	☐ Tongan ☐ Niuean ☐ Chinese ☐ Indian _____	**Community Services Card** ☐Yes ☐No **High User Health Card** ☐Yes ☐No
Main Language	Is a language interpreter required? ☐ Yes ☐ No	If English is **NOT** your primary language, please state your primary language: _____	**Smoking Status**

Card Number:

Date/ Month/ Year Expiry:

Card Number:

Date/ Month/ Year Expiry:

☐Current smoker/vaping *
☐ Ex smoker/vaper (< 1 year)
☐Ex smoker/vaper (> 1 year)
☐Never smoked or vaped

* If yes would like advice on giving up
☐ Yes ☐ No

My Declaration of Entitlement and Eligibility

I am entitled to enrol because I am residing permanently in New Zealand. *The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months*	☐

AND I am eligible to enrol because:

a	**I am a New Zealand citizen** *(if yes, tick box and proceed to **I confirm that, if requested, I can provide proof of my eligibility** below)*	☐

If you are **not a New Zealand citizen,** please tick which eligibility criteria applies to you (b-j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	☐
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	☐
d	I have a work visa/permit and can show that I am able to be in New Zealand for at least 24 months (previous permits included)	☐
e	I am an interim visa holder who was eligible immediately before my interim visa started	☐
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	☐
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** in the control of the Chief Executive of the Ministry of Social Development	☐
h	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)	☐
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	☐
j	I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund	☐

I confirm that, if requested, I can provide proof of my eligibility ☐	☐ Evidence sighted (*Office use only*)

My Agreement to the Enrolment Process

NB. Parent or Caregiver to sign if you are under 16 years

I intend to use 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 The Practice on Francis Street I will be included in the enrolled population of **Marlborough Primary Health/Kimi Hauora Wairau** and my name, address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

I understand that if I visit another health care provider where I am not enrolled I may be charged a higher fee.

I have been given information about the benefits and implication of enrolment and the services this practice and PHO provides along with the PHO's name and contact details

I have been given, read and I understand the Health Information Privacy Statement. The information I have 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 and Health Information Privacy Code. This can also be accessed on our website: https://thepractice.org.nz/

I understand that The Practice on Francis Street participates in a national survey about people's health care experience and how their overall care is managed. Taking part is voluntary and all responses 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.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

I consent to a Shared Electronic Health Record. This allows authorised providers, such as after-hours services and hospital clinicians, to access a summary of my key health information. I may choose to opt out; however, some clinicians may then not have access to important details needed for my care.

I **understand t**hat the practice may use HeidiAI to assist with clinical note-taking. My clinician will ask for my verbal consent before use, and I may decline or withdraw consent at any time.

Signatory Details	Signature	Day / Month / Year	☐ Self-Signing	☐ Authority

An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Authority Details	Full Name	Relationship	Contact Phone
	Legal basis of authority (e.g. parent of a child under 16 years of age)		

Health Information Privacy Statement

I understand the following:

Access to my health information

I have the right to access my health information and to request correction of information under Rules 6 and 7 of the Health Information Privacy Code 1994. Where correction is not made a statement of correction will be attached to my records.

Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for my 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, they can make a claim for a subsidy, and the practice I am enrolled with will be informed of the date of that visit. 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 Primary Health Organisation (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 share relevant health information with other health professionals who are directly involved in my care. This health information may be securely transferred electronically. If I wish have more information about electronic referrals I can contact KHW Marlborough Primary Health Organisation at erms@marlboroughpho.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 (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

My health information may be used by health agencies such as the PHO for the following purposes;

- Health service planning and reporting
- Monitoring service quality
- Payment
- SEHR (Shared Electronic Health Record)

We partner with Practice Plus to provide after-hours and urgent care consultations for our patients. Practice Plus clinicians can access relevant health records held by our practice to support continuity of care. Practice Plus handles your health information in line with the Health Information Privacy Code. You can read their privacy policy at https://practiceplus.nz/privacy-policy

All agencies are bound by the Privacy Act.

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.

Enrolling with a General Practice

General practice provides comprehensive primary, community-based, and continuing patient-centred health care to patients enrolled with them and others who consult. General practice services include the diagnosis, management and treatment of health conditions, continuity of health care throughout the lifespan, health promotion, prevention, screening, and referral to hospital and specialists.

Enrolling with a Primary Health Organisation (PHO)

Most general practice providers are affiliated to a PHO. The fund-holding role of PHOs allows an extended range of services to be provided across the collective of providers within a PHO.

What is a PHO?

Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHOs bring together doctors, nurses and other health professionals (such as Māori health workers, health promo ters, dietitians, pharmacists, physiotherapists, mental health workers and midwives) in the community to serve the needs of their enrolled populations.

PHOs receive a set amount of funding from the government to ensure the provision of a range of health services, including visits to the doctor. Funding is based on the people enrolled with the PHO and their characteristics (e.g., age and gender). Funding also pays for services that help people stay health and services that reach out to groups in the community who are missing out on health services or who have poor health.

Benefits of Enrolling

Enrolling is free and voluntary. If you choose not to enrol you can still receive health services from a chosen GP/ general practice/ provider of First Level primary health care 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 enrol?

To enrol, you need to complete an Enrolment Form at the general practice of your choice. Parents can enrol children under 16 years of age, but children over 16 years need to sign their own form.

Q & A

What happens if I go to another General Practice?

You can go to another general practice or change to a new general practice at any time. If you are enrolled in a PHO through one general practice and visit another practice as a casual patient, you will pay a higher fee for your visit.

What happens if the general practice changes to a new PHO?

If the general practice changes to a new PHO, the practice will make this information available to you.

What happens if I am enrolled in a general practice but don't see them very often?

If you have not received services from your general practice in a 3-year period it is likely that the practice will contact you and ask if you wish to remain with the practice. If you are not able to be contacted or do not respond your name will be taken off the Practice and PHO Enrolment Registers. You can re-enrol with the same general practice or another general practice and the affiliated PHO at a later time.

How do I know if I'm eligible for publicly funded health and disability services?

Talk to the practice staff, call 0800 855 151, or visit http://www.moh.govt.nz/eligibilty and work through the Guide to Eligibility Criteria.