

CHECKLIST FOR NEW PATIENT **ENROLMENTS**

HAVE YOU:

- Selected a GP to register with?**
- Provided proof of your eligibility – copy of passport/ visa/birth certificate?**
- Fully completed, signed and dated the enrolment form, portal registration and terms of trade.**
- Included employer details, if applicable**
- Ticked transfer of patient notes from previous GP, if applicable.**
- When booking, let us know it is your first appointment as this is for 30 minutes.**

ENROLMENT FORM

April 2021

***Mandatory Details**

Anyone over the age of 16 years must complete their own enrolment form



Practice Name* Halswellhealth	Doctor Name NZMC	EDI: halswell	*NHI (Office use only)
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Legal Name* (Title)	*Given Name	*Other Given Name(s)	*Family Name	
Other Name (s)	Other Name	Other Given Name(s)	Other Family Name (eg. maiden name)	
Preferred Name	Preferred Name	*Date of Birth Day / Month / Year of Birth	*Place of Birth	*Country of Birth
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse (please state)	
	Iwi			

Usual Residential Address*	House (or RAPID) 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	Home Phone	Email Address
Emergency Contact*	Name	Relationship	Mobile (or other) Phone

Community Services Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number
High User Health Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number
Smoking Status*	<input type="checkbox"/> Smoker	If yes, would you like any support to quit? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Ex-Smoker Less than 15 months ago
				<input type="checkbox"/> Ex-Smoker More than 15 months ago
				<input type="checkbox"/> Never Smoked
			Quit Date:	

Ethnicity Details* Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you	<input type="radio"/> New Zealand European	Are you happy to receive SMS Text messages? Yes <input type="checkbox"/> No <input type="checkbox"/> Employment Details: are you currently; Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Occupation: _____ Employer Name/Address/Phone Number: _____ _____ _____
	<input type="radio"/> Maori	
	<input type="radio"/> Samoan	Do you need an Interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="radio"/> Cook Island Maori	Is your Emergency Contact also your Next Of Kin? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="radio"/> Tongan	If NOT enter Next of Kin Name and contact number below; _____
	<input type="radio"/> Niuean	
	<input type="radio"/> Chinese	
	<input type="radio"/> Indian	
	<input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state; _____	
	Your spoken language? _____	

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.		
	<input type="checkbox"/> Yes, please request transfer of my records	<input type="checkbox"/> No transfer	<input type="checkbox"/> Not applicable
	Previous Doctor and/or Practice Name	Address / Location	

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

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)	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
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	<input type="checkbox"/>

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 / health care services.

I understand that by enrolling with this Practice I will be included in the enrolled population of Pegasus Health Charitable Ltd PHO (Primary Health Organisation) 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 implications of enrolment and the services this practice and PHO provides along with the PHO's name and contact details.

I have read and I 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 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 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.

Signatory Details*	Signature	Day / Month / Year	<input type="checkbox"/>	<input type="checkbox"/>
			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 <i>(where signatory is not the enrolling person)</i>	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		

Office Use Only: Enrolment entered into MedTech
New Patient Alert

Eligibility "letter" ticked & Passport copied & scanned
"Transfer form" completed by patient if applicable

Staff to initial each box once completed

Chart Number: _____

Enrolling with General Practice Guide

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.

What is a PHO?

Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHO's bring together Doctors, Nurses and other health professionals (such as Maori health workers, health promoters, dieticians, pharmacists, physiotherapists, mental health workers and midwives) in the community to serve the needs of their enrolled populations.

PHO's 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, gender and ethnicity.) Funding also pays for services that help people stay healthy 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.

Pegasus Health (Charitable) Ltd (Pegasus)

Your general practice provider is affiliated to Pegasus. Pegasus provides PHO services and its fund-holding role allows an extended range of services to be provided across the collective of providers. Additionally, Pegasus provides clinical governance, quality and education support to its members.

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 that visit. So if you have more than one General Practice you should consider enrolling with the Practice you visit most often.

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.

Health Information Privacy Statement

Your privacy and confidentiality will be fully respected. This fact sheet sets out why we collect your information and how that information will be used.

Purpose

We collect your health information to provide a record of care. This helps you receive quality treatment and care when you need it. We also collect your health information to help:

- keep you and others safe
- plan and fund health services
- carry out authorised research
- prepare & publish statistics
- train healthcare professionals
- improve government services.

Confidentiality and information sharing

Your privacy and the confidentiality of your information is really important to us.

- Your health practitioner will record relevant information from your consultation in your notes.
- Your health information will be shared with others involved in your healthcare and with other agencies with your consent, or if authorised by law.
- You don't have to share your health information, however, withholding it may affect the quality of care you receive. Talk to your health practitioner if you have any concerns.
- You have the right to know where your information is kept, who has access rights, and, if the system has audit log capability, who has viewed or updated your information.
- Your information will be kept securely to prevent unauthorised access.

Information quality

We're required to keep your information accurate, up-to-date and relevant for your treatment and care.

Right to access and correct

You have the right to access and correct your health information.

- You have the right to see and request a copy of your health information. You don't have to explain why you're requesting that information, but may be required to provide proof of your identity. If you request a second copy of that information within 12 months, you may have to pay an administration fee.

- You can ask for health information about you to be corrected. Practice staff should provide you with reasonable assistance. If your healthcare provider chooses not to change that information, you can have this noted on your file. Many practices now offer a patient portal, which allows you to view some of your practice health records online. Ask your practice if they're offering a portal so you can register.

Use of your health information

Below are some examples of how your health information is used.

- If your practice is contracted to a Primary Health Organisation (PHO), the PHO may use your information for clinical and administrative purposes including obtaining subsidised funding for you.

- Your District Health Board (DHB) uses your information to provide treatment and care, and to improve the quality of its services.

- A clinical audit may be conducted by a qualified health practitioner to review the quality of services provided to you. They may also view health records if the audit involves checking on health matters.

- When you choose to register in a health programme (eg immunisation or breast screening), relevant information may be shared with other health agencies.

- The Ministry of Health uses your demographic information to assign a unique number to you on the National Health Index (NHI). This NHI number will help identify you when you use health services.

- The Ministry of Health holds health information to measure how well health services are delivered and to plan and fund future health services. Auditors may occasionally conduct financial audits of your health practitioner. The auditors may review your records and may contact you to check that you received those services.

- Notification of births and deaths to the Births, Deaths and Marriages register may be performed electronically to streamline a person's interactions with government.

Research

Your health information may be used in research approved by an ethics committee or when it has had identifying details removed.

- Research which may directly or indirectly identify you can only be published if the researcher has previously obtained your consent and the study has received ethics approval.

- Under the law, you are not required to give consent to the use of your health information if it's for unpublished research or statistical purposes, or if it's published in a way that doesn't identify you.

Complaints

It's OK to complain if you're not happy with the way your health information is collected or used. Talk to your healthcare provider in the first instance. If you are still unhappy with the response you can call the Office of the Privacy Commissioner toll-free on 0800 803 909, as they can investigate this further.

For further information

Visit www.legislation.govt.nz to access the Health Act 1956, Official Information Act 1982 and Privacy Act 1993

The Health Information Privacy Code 1994 is available at www.privacy.org.nz. You can also use the Privacy Commissioner's [Ask Us](#) tool for privacy queries.

A copy of the Health and Disability Committee's Standard Operating procedures can be found at <http://ethics.health.govt.nz/operating-procedures>

Further detail in regard to the matters discussed in this Fact Sheet can be found on the Ministry website at <http://www.health.govt.nz/your-health/services-and-support/health-care-services/sharing-your-health-information>

Contact Details:

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PO Box 741 Christchurch 8140

Phone: 379 1739 www.pegasus.org.nz



Pegasus[™]
Partners in health
An Equal Opportunity Organisation

Terms of Trade

- Payment in full is due on the day of your consultation unless you have set up an automatic payment.
- You are welcome to pay on the day of consultation via internet banking to 03-0767-0333775-000 stating your name and chart number as the reference.
- An automatic payment or direct debit arrangement is a good way of managing the costs of your healthcare. If you have set up this type of payment arrangement, and wish to cancel it, please let us know beforehand.
- If there is a failure to pay fees, and after we have taken steps with you to manage your debt without success, we will involve a debt collection agency. Any fees incurred in debt recovery will be passed on to the account holder.
- If you have any concerns about managing the costs of your healthcare please talk to our accounts manager about options for you.
- If you do not attend for a booked appointment, and you have not contacted us to cancel the appointment, we reserve the right to charge a full non-attendance fee, a charge may also apply to under 14 year old's.
- All casual and non-resident fees are payable **PRIOR** to the consultation or service being provided.
- All vaccines which are not part of the New Zealand Immunisation Schedule, eg travel vaccines, are to be paid for **BEFORE** they are given.

I have read and agree to the terms of trade:

Patient's Name:

Signed by patient:

Signed on patient's behalf: _____ **Name:**



MyIndici Patient Portal Registration Form

Please complete this form and supply one form of photo ID to register for the My Indici patient portal.

Each person that uses the portal must have their own **unique email address**.

Users must be 16 years and over to sign up for My Indici

Please complete this form:

Full name:

Date of birth:

Personal email address:

Cell phone:

Halswellhealth also uses e-mail to correspond with our patients regarding recalls and other aspects of your care. By consenting below you understand that at times we will be using this format to convey information to you.

Signature:

Date: