



4 Homestead Road, **KERIKERI**  
 Phone Number: 09-407 7777  
 Fax Number: 09-407 6594  
 EDI: krikrimc  
 GP2GP: NZMC: 0000 DR: KERIKERI MEDICAL



### ENROLMENT FORM

|                              |   |                       |
|------------------------------|---|-----------------------|
| Fields with * are compulsory | Circle doctor of choice: Chris Reid/ Ezra Mabidikama/Grahame Jelley<br>Anita Patel/Eloise Caswell/Hester Elbertsen/Meike Elferink /<br>Ronald Alexander/Charlotte Duley | NHI (Office use only) |
|------------------------------|---|-----------------------|

|   |       |                                 |                                 |  |
|---|-------|---------------------------------|---------------------------------|--|
| <b>Name</b>   | Title | * Given Name                    | * Other Given Name(s)           | * Family Name  |
| <b>Other Name(s)</b><br>(eg. maiden name)<br>Please tick the name you prefer to be known as |       |                                 |                                 |  |
| <b>Birth Details</b>  |       | * Day / Month / Year of Birth   | * Place of Birth                | * Country of birth                                     |
| <b>Gender</b>   |       | * <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Gender Diverse (please state) |
|   |       |                                 |                                 | Occupation   |

|  |   |                         |                            |
|--|---|-------------------------|----------------------------|
| <b>Usual Residential Address</b>                   | * House (or RAPID) Number and Street Name     | * Suburb/Rural Location | * Town / City and Postcode |
| <b>Postal Address</b><br>(if different from above) | House Number and Street Name or PO Box Number | Suburb/Rural Delivery   | Town / City and Postcode   |

|                          |              |              |                         |
|--------------------------|--------------|--------------|-------------------------|
| <b>Contact Details</b>   | Mobile Phone | Home Phone   | Email Address           |
| <b>Emergency Contact</b> | Name         | Relationship | Mobile (or other) Phone |

|                            |   |                                      |   |
|----------------------------|---|--------------------------------------|---|
| <b>Transfer of Records</b> | <i>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.</i> |                                      |   |
|                            | <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                      |

|   |   |  |
|---|---|--|
| <b>Ethnicity Details*</b><br><small>Which ethnic group(s) do you belong to?<br/>Tick the space or spaces which apply to you</small> | <input type="checkbox"/> New Zealand European | <b>Iwi</b> Please state  |
|   | <input type="checkbox"/> Maori                | <b>Community Services Card</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   | <input type="checkbox"/> Samoan               | Day / Month / Year of Expiry      Card Number  |
|   | <input type="checkbox"/> Cook Island Maori    | <b>High User Health Card</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   | <input type="checkbox"/> Tongan               | Day / Month / Year of Expiry      Card Number  |
|   | <input type="checkbox"/> Niuean               |  |
| <input type="checkbox"/> Chinese  |   | <b>Do You Smoke?</b><br><input type="checkbox"/> Current smoker <input type="checkbox"/> Trying to stop smoking <input type="checkbox"/> Never smoked<br><input type="checkbox"/> Stopped in the last 12 months <input type="checkbox"/> Stopped more than 12 months ago |
| <input type="checkbox"/> Indian   |   | <b>Would you like help to quit or to stay smoke free?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes  |
| <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan). Please state   |   |  |

## 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 <b>OR</b> 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 ongoing 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 this practice's Primary Health Organisation (PHO) Mahitahi Hauora, 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 understand that if I fail to attend an appointment without phoning to cancel, I may be charged a DNA 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 understand 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.

|                          |             |                      |  |                                       |
|--------------------------|-------------|----------------------|--|---------------------------------------|
| <b>Signatory Details</b> | * Signature | * Day / Month / Year | <input type="checkbox"/><br>Self Signing | <input type="checkbox"/><br>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.*

|  |   |              |               |
|--|---|--------------|---------------|
| <b>Authority Details</b><br><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) |              |               |

## Use and confidentiality of your health information (fact sheet)

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
- Train healthcare professionals
- Prepare and publish statistics
- 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 for example, your District Nurse, Physiotherapist, Pharmacist 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 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.

The Doctors Kerikeri offer a patient portal, which allows you to view some of your practice health records online. Ask at reception if you wish to 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 Entity (PHE), the PHE 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 (e.g. 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 of 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 its 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](http://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](http://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>.