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| --- | --- | --- |
| aPractice Logo | **ENROLMENT FORM** | Practice Specific Field eg. Address and Contact Details |

|  |  |  |
| --- | --- | --- |
| **Fields shaded in blue are compulsory** | ***Anyone 16 years and over must complete their own enrolment form*** |  |
| Practice Specific Field | NHI (*Office use only)* |

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| --- | --- | --- | --- | --- |
| **Name**  |  |  |  |  |
| (Title) | Given Name | Other Given Name(s)) | Family Name |
| **Other Name(s)**(eg. maiden name)Please tick the name you prefer to be known as  |  |  |  |
| **Birth Details**  |  |  |  |
| Day / Month / Year of Birth | Place of Birth | Country of birth |
| **Sex / gender/ pronoun details** | **\* Sex at birth**Female Male | **Gender you identify as (optional**) Female Male Gender Diverse (please state) | **Pronoun you like to be addressed by (optional)** |
| Occupation |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details** |  |  |  |
| Mobile Phone | Home Phone | Email Address |
| **Emergency Contact** |  |  |  |
| Name | Relationship | Mobile (or other) Phone |

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| --- | --- |
| **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, 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/or Practice Name | Address / Location |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*Ethnicity Details**Which ethnic group do you belong to?***Tick the space or spaces which apply to you.*** | **\*** **New Zealand European** **Māori** **Samoan** **Cook Island Māori** **Tongan** **Niuean** **Chinese** **Indian** **Other** (such as Dutch, Japanese, Tokelauan). Please state

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 | **Iwi** |  |
| **Hapu** |  |
| **Community Services Card****(or dependent of)** |  Yes No | Day / Month / Year of Expiry |
| **High User Health Card** |  Yes No | Day / Month / Year of Expiry |
| Card Number |
| Practice Specific Field |

Primary Health Services Provider Enrolment Form Last Updated 6 August 2024

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| **My declaration of entitlement and eligibility** |

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| --- | --- |
| **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 (including people from Cook Islands, Niue or Tokelau)** *(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) OR |  |
| 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 OR |  |
| d | I have a current work visa/permit and can show that I am legally able to be in New Zealand for at least 2 years (previous visa/permits included) OR |  |
| e | I am an interim visa holder who was eligible immediately before my interim visa started OR |  |
| 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 OR |  |
| 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 |  |
| 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) OR |  |
| i | I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme OR |  |
| 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*) |

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| **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) Health Hawke’s Bay 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 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.

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| --- | --- | --- | --- | --- |
| **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***(where signatory is not the enrolling person)* |  |  |  |
| Full Name | Relationship | Contact Phone |
|  |
| **Authority Details** | Legal basis of authority (e.g. parent of a child under 16 years of age) |

**Patient Health Information Privacy Statement**

**Purpose**

This document sets out why we collect your information and how that information will be used. This promotes and protects the privacy of personal information. This has also been designed to ensure that you can trust how and where your information is being stored, how it is being used, and steps that are being taken to ensure your privacy is protected.

Maintaining your trust and privacy is important to us:

* We only collect what we need to help you and your whānau (family).
* We only use what we know to improve your health and the health of the community.
* We don’t sell anything we know to anyone, ever.
* We only share what we know with people in the health system who we know will look after your information the way we do.
* We look after what we know and keep it secure.
* Your health record is YOUR health record – you can see it, correct it, and know what we have done with it – just ask

**Why we collection your information**

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.

**Use of your health information**

Following are some examples of how your health information is used:

* Your practice is contracted to a Health Hawke’s Bay Primary Health Organisation (PHO), HHB 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.

**Information sharing**

* 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.
* This practice is part of the opt-off Shared electronic Health Record. This means that when you visit ED, an after-hours urgent care centre, the hospital or other health providers a summary of your health record may be available for them to look at. This helps makes the care you receive safer. If you do not want this to happen talk to your general practice team.
* 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 book on-line, view some of your practice health records online and request repeat prescriptions. Ask your practice if they’re offering a portal so you can register.

**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.

**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 or 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.

**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 2020.

The Health Information Privacy Code 2020 is available at [www.privacy.org.nz](http://www.privacy.org.nz). You can also use the Privacy Commissioner’s [Ask Us](https://privacy.org.nz/further-resources/knowledge-base/) 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 concerning the matters discussed in this Fact Sheet can be found on the Ministry of Health website at [Personal health information standards – Health New Zealand | Te Whatu Ora](https://www.tewhatuora.govt.nz/health-services-and-programmes/digital-health/data-and-digital-standards/standards-in-development/personal-health-information-standards)