



## UPPER HUTT HEALTH CENTRE ENROLMENT FORM

Queen Street Car Park, PO Box 40-044 Upper Hutt, Ph: 04 920 1800, Email: enrolments@uhhc.co.nz EDI: familyuh

Title:	Surname:	First Name(s):	
	Preferred name: (if different from above):		
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse gender (Please specify)	
Address: Street number & Name:		Place/Country of birth:	
Suburb & City:		Southern Cross or NIB Member No: ..... <input type="checkbox"/> I give consent to UHHC to submit claims on my behalf	
National Health Index (NHI) No:		Do you want to receive TXT reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone:	Mobile:	<b>Register for VENSA patient portal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Email address required - Sign up for the VENSA patient portal to make appointments, see test results, request repeat prescriptions)	
Email:			
<b>Ethnicity:</b> <input type="checkbox"/> NZ European <input type="checkbox"/> Niuean <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Fijian (Tick the space(s) which apply to you) <input type="checkbox"/> Tongan <input type="checkbox"/> Cook Is Māori <input type="checkbox"/> Māori (Iwi if known) <input type="checkbox"/> Other (please state)			
<b>Residency Status:</b> <input type="checkbox"/> Student Permit  <input type="checkbox"/> NZ Citizen <input type="checkbox"/> Refugee  <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other  <input type="checkbox"/> Work Permit <input type="checkbox"/> Passport/ID sighted		Community Services Card Number: ..... Expiry date: High Health User Card Number: ..... Expiry date:	
<b>Next of Kin Emergency contact:</b>	Name:	Relationship:	Phone Number:
	Address:		
<i>*Only patients newly enrolling are to complete this section</i> <i>*Name of your previous GP and Medical centre:</i>  Address of your previous GP/medical centre:			
<b>In order to receive the best care possible:</b> <ul style="list-style-type: none"><li>I authorise Upper Hutt Health Centre to obtain my medical records from my current medical practice and I acknowledge that I will be removed from that practice's patient register.</li><li>I understand that relevant health information may be shared with other health professionals directly involved in my care.</li><li>I understand that my account/debt information may be shared with another health care provider and that any debt incurred will be forwarded to a debt collection agency for collection, which will impact on my future credit rating and incur associated costs.</li></ul>			
I have read, and I agree to the <b>Primary Healthcare enrolment process</b> (please see over before signing)			
Signature: _____		Date: _____	
<i>*If the patient is under 16 years, or there is a POA, please complete the following as the signing authority:</i>			
Name: _____			
Relationship: _____		Signature: _____ Date: _____	

**Declaration of Entitlement, Eligibility and Agreement to the enrolment process**

- **I intend to use Upper Hutt Health Centre** as my regular and ongoing provider of general practice / GP/ primary health care services.
- **I am eligible to enrol** because **I live in New Zealand** and meet one of the following criteria: *(circle one)*
  - a) I am a New Zealand citizen **OR**
  - 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 work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included).
  - 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 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder **OR**
  - h) 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**
  - i) 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**
  - j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
  - k) 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.
- I choose to enrol with Upper Hutt Health Centre as my regular and ongoing provider of general practice/GP/First Level primary health care services.
- I understand that by enrolling with Upper Hutt Health Centre I will be enrolled with Cosine Primary Care Network (PHO) and my name and address, and other identification details will be included on both the Upper Hutt Health Centre and the Cosine Primary Care Network (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 been given the information about the benefits and implications of enrolment with the PHO, and their contact details.
- 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 agree to pay for my consultation on the day at the time of my visit.
- I understand I will be charged if I do not attend a consultation that has been pre-booked.

To complete the enrolment process:

- ☐ **Please make sure you have signed the enrolment form on the other side of this page.**
- ☐ **Provide 2 forms of ID and other supporting documents (Visa/ NZ Citizen Certificate etc)**
- ☐ **Sign the UHHC Payment Policy**

# 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.

## Enrolling with 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.

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.

## Enrolling with a Primary Health Organisation (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 Maori health workers, health promoters, dieticians, 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, gender, 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.

## 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.

### 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/moh\\_nsf/indexmh/eligibility-eligibilitydirectionplain](http://www.moh.govt.nz/moh_nsf/indexmh/eligibility-eligibilitydirectionplain) and work through the Guide to Eligibility Criteria



## Upper Hutt Health Centre Payment Policy

### Paying fees

Payment in full is required at the time of your appointment. You can pay by cash, EFTPOS, cheque, MasterCard or VISA.

If you are unable to attend your consultation at least 2 hours' notice must be given. Failure to do this will incur a penalty charge.

If you are late to your consultation, you will not be seen, and this will incur a penalty charge.

If you're unable to pay your account on the day of your appointment, please talk to a member of our finance team about alternative payment arrangements.

If your account is unpaid at the end of the month and you haven't made any payment arrangements with us, we will:

- ask you to pay before you see a doctor or nurse for all appointments.
- reserve the right to review your enrolment with Upper Hutt Health Centre.

Please note that if you have a Visa that is less than 2 years you may not be eligible for publicly funded services including laboratory tests. If you are not eligible, you are liable to be charged for the full costs of any medical treatment you receive.

This policy forms part of the of the Upper Hutt Health Centre enrolment process, compliance with this policy is mandatory.

Full name:

.....

Signature:

.....

Date.....

# UPPER HUTT HEALTH CENTRE NEW PATIENT HEALTH QUESTIONNAIRE



**So your health information can be entered into our system, please complete all sections of this form**

<b>Last Name:</b>	<b>First Name:</b>	<b>Weight:</b>	<b>Height:</b>
<b>Date of birth:</b>	<b>GENDER: <i>please circle:</i></b> Female / Male / Diverse gender		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	

<b>Smoking Status: <i>please tick:</i></b> Cigarette Smoker <input type="checkbox"/> <i>Would you like to quit? yes / no</i> Vape <input type="checkbox"/> Past smoker <input type="checkbox"/> Never smoked <input type="checkbox"/>	<b>Alcohol Status: <i>please tick:</i></b> Non-drinker <input type="checkbox"/> Units per week _____	<b>Vaccinations:</b> <b>If you are new to New Zealand, please provide a copy of your vaccination record.</b>
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**Health conditions: *What medical conditions do you have?***  
*e.g. diabetes, hypertension, cholesterol, anxiety/depression, other – please specify:*

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**Allergies: *please specify:***

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.....

**Regular Medication: *please provide / attach a list of your regular medications, including the dosage.***

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.....

**What is your preferred Pharmacy:** .....

**FAMILY HISTORY: *(Parents / Siblings / Grandparents)***

Heart problems	YES / NO	family member
Stroke	YES / NO	family member
Cancer	YES / NO	family member
Diabetes (Type 1 or 2)	YES / NO	family member
Other – please specify	YES / NO	family member