

Enclosed are forms to enrol as a patient at Harbour Health Port Chalmers Limited.

Please completed one set of forms for each patient.

Return the following for each patient as soon as you are able but no less than 2 working days prior to any appointment: -

1. Patient Enrolment Form  
2 pages signed by the patient if aged 16 or over or if under 16 by a parent or guardian
2. Request for transfer of Medical Notes
3. Patient Medical Questionnaire  
1 page for each patient
4. Provide proof of identity  
for patients born overseas – passport and a copy of your visa  
for patients born in New Zealand  
passport or birth certificate or NZ Driver's License or community services card.
5. Immunisation records for children 16 years and under if immunised overseas.
6. Patient Portal Sign-Up Form  
If you wish to book appointments online.

**Documents must be completed in full before we can enrol you Thank you.**

# Harbour Health Port Chalmers Limited

47 George Street, Port Chalmers, Dunedin 9023.

Ph (03) 472 8026 Fax (03) 472 8027 EDI: ptchc

## Patient Enrolment Form (\*mandatory for PHO)

\*Family Name \_\_\_\_\_

\*Given Name(s) \_\_\_\_\_

Dr/Mr/Mrs/Ms

Previous/Other Family Names \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

\*Gender Male  Female  Gender diverse  (please state) \_\_\_\_\_

\*Town/City & Country of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

\*Residential Address (requires a street or rapid number, not RD, PO Box or Private Bag)

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

City & Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to receive text reminders, recalls and messages from the practice  Yes  No

I understand that email will be used only to send accounts and to participate in the national survey.

Postal Address (if different from residential address) \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency contact – if different from Next of Kin: -

Name of contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other contact details: \_\_\_\_\_

If you have a Community Services Card or High User Card, please show us?

\*Ethnicity: Which ethnic group(s) do you belong to?

NZ European  Maori  Cook Island Maori  Samoan

Chinese  Indian  Tongan  Niuean

Other (please state) \_\_\_\_\_ (e.g. American, Japanese)

**\*Enrolment in the Practice / Primary Health Organisation (PHO):**

**I intend to use Harbour Health Port Chalmers Limited as my regular and ongoing provider of general practice / GP / First Level primary health care services.**

**I am eligible to enrol** because I live in New Zealand and meet one of the following criteria:

- 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) 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 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
- 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.

**\*My Agreement to the Enrolment Process:**(NB Parent or caregiver to sign if you are under 16 years)

**I choose to enrol with this practice as my regular and ongoing provider of general practice / GP / First Level primary health care services.**

**I understand** that by enrolling with this practice I will be enrolled with the Primary Health Organisation (PHO) this practice belongs to, and my name address and other identification details will be included on the Practice, PHO and National Service Registers.

**I have been given information** to read 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. 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 have read and I agree** to the terms of trade, which I been provided a copy of.

**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 wish to opt out of these survey's.  Yes

**I understand** that the practice may share my health information between healthcare providers using HealthOne, a secure system for storing electronic patient records and that all information is kept confidential and checks are in place to monitor all access.

**I understand** that further information on HealthOne is available from the practice on request.

**I understand** by enrolling that Harbour Health Port Chalmers Limited is responsible for co-ordinating my care and consent will be obtained for any treatment provided.

**I understand** that Harbour Health Port Chalmers Limited is a teaching practice.

**Any payment required for service is requested within 7 days of service and we welcome regular direct credit payments.** A \$5-00 discount applies for payments made on day of consultation.

**I also acknowledge that if required payment from me is not made by the due date, Harbour Health Port Chalmers Limited has the right to pass my outstanding debt onto a debt collection agency and I will be liable for expenses in relation to recovery of the debt.**

**Harbour Health Port Chalmers Limited reserves the right to decline non emergency care for patients with outstanding accounts until the account is settled.**

**\*Signature of Patient/Guardian \_\_\_\_\_ \*Date \_\_\_\_\_**

**Full Name of Guardian \_\_\_\_\_**

**Relationship if not person named on form \_\_\_\_\_**

Office Use Only: \* NHI \_\_\_\_\_ HHPC Pt Info pamphlet given  Privacy Statement

CSC/HUHC Entered  Notes requested  Enrolled in PMS  ID \_\_\_\_\_ Entered by \_\_\_\_\_



Harbour Health Port Chalmers Limited

47 George Street, Port Chalmers, Dunedin, 9023

Ph (03) 472-8026 Fax (03) 472-8027 EDI: ptchc

### REQUEST TO TRANSFER NOTES

The following patient has enrolled at Harbour Health Port Chalmers

Full Name	
Address	
Phone	
Date of Birth	

In order to get the best care available, I agree to Harbour Health obtaining my records from my previous doctor. I also understand that I will be removed from their practice register.

Signature	Date
-----------	------

Or if signed by authority

Full Name	Relationship
Address	Phone

Previous Medical Practice:

Address:

Please forward electronic notes via GP2GP: -

Dr Rebecca Pope - MCNZ 18227

EDI: ptchc

# Harbour Health Port Chalmers Limited

## Patient Medical Questionnaire

It would be helpful if you provide us with some background medical information.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Do you suffer from or have you had :

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> High Cholesterol    | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Angina              | <input type="checkbox"/> Heart Attack         | <input type="checkbox"/> Stroke           |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Gestational Diabetes |   |
| <input type="checkbox"/> Cancer (Type) _____ |   |   |
| <input type="checkbox"/> Other _____         |   |   |

Do you have a family history of :

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> High Cholesterol   | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Angina/Heart Disease – <input type="checkbox"/> Under 60 or <input type="checkbox"/> Over 60 |                                   |   |
| <input type="checkbox"/> Stroke – <input type="checkbox"/> Under 60 or <input type="checkbox"/> Over 60               | <input type="checkbox"/> Diabetes |   |
| <input type="checkbox"/> Cancer (Type) _____  |                                   |   |
| <input type="checkbox"/> Other _____  |                                   |   |

Do you take regular medications?  Yes  No

If YES please state: \_\_\_\_\_

Do you have any Drug/Food allergies?  Yes  No

If YES please state: \_\_\_\_\_

Current Smoking status:

- Current Smoker – Would you like to stop smoking?  Yes  No
- Never smoked
- Past Smoker (stopped in the last 12 months)
- Past Smoker (stopped more than 12 months ago)

Have you had childhood immunisations:  Yes  No  Declined

When did you last have a Tetanus Vaccine? (Year)? \_\_\_\_\_

Do you usually have a Flu Vaccine?  Yes, at the Doctors/at Work  No

For Female Patients Aged Between 25yrs and 70years

Do you have regular cervical smears?  Yes  No

If No – Have you had a hysterectomy?  Yes  No

For Female Patients Aged Between 45yrs and 70years

Are you enrolled in the Breast Screening Programme?  Yes  No

If you are not enrolled, do you give permission to be enrolled in the local breast screening programme?  Yes  No



Harbour Health Port Chalmers Limited  
47 George Street  
Port Chalmers  
Dunedin 9023  
Phone (03) 472 8026 Fax (03) 472 8027

### Patient Portal Sign-up Form

ConnectMed, a patient portal, offers a very flexible and convenient way for you to securely view your health information and advantage of online services 24/7 with an internet connection. This service is voluntary and you may opt in or out at any time. This service is only available to patients over the age of 16 years.

By signing up, you are able to: Make appointments with your GP or nurse  
Request repeat prescriptions  
View your test results

In the future other options may become available and you will be notified when they do.

**How to sign up in the Patient Portal:** You will receive a user name and password via the personal email account which you have nominated. Once you are logged into the portal you will have access to only your records. You will also be asked to agree to the Terms and Conditions of using the portal, please read these carefully. You can review the Terms and Conditions as well as FAQ, the privacy policies and other general information at any time from the ConnectMed website.

To receive a username and password, please complete and return this form to a staff member in person at the health centre.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Personal email: \_\_\_\_\_

I confirm that this email address is my personal email address.

I confirm that I will maintain a confidential password at all times.

I understand that the patient portal is not to be used for urgent healthcare.

I understand that access to ConnectMed is always at the discretion of the practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Office Use Only:** I have authenticated the identity of the person named on this form

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# HHPC Ltd. Terms of Trade

1. Our Doctor & Nurse consultation fees are displayed in the waiting room. Our fees are made up from the following:
  - Consultation time
  - Complexity
  - Eligible funding
  - Cost of running a medical practice
2. Free fees apply to:
  - Flu vaccination for pregnant women, anyone aged 65 years and over and anyone aged under 65 years with a medical condition that increases their risk of developing complication from the flu (conditions apply)
  - Childhood immunisations and Adult immunisations funded by the National Immunisation Schedule
  - Maternity care for the first 14 weeks
3. If you are not enrolled with our practice but would like to see a doctor the consultation fee is higher. This is called a casual consultation and must be paid before the consultation.
4. All payment for services is required on the day of your consultation. You may pay using:
  - Cash or Cheque
  - Eftpos – Debit or Credit cards
  - Online banking
  - Automatic payment – if you would prefer to make regular payments against your account please ask at reception. If you do not pay on the day you will be sent an account which will incur administration fees.
5. Travel vaccines must be paid for before they are ordered.
6. All unpaid overdue accounts will be sent to a debt collection agency with all costs incurred by the patient including legal fees.
7. If regular payments are being made to pay your account, these must be made regularly each week. If you default on your regular payment you would then have to pay before any future consultations or have a balance in your account to cover the fee.
8. If your account is overdue payment for any further treatment is required before the consultation unless it is a medical emergency.
9. All accounts that remain unpaid will be recorded with a Credit Reporting Agency which may affect your credit rating.
10. If you are the account holder for members of your family, we are unable to provide services for them without payment before the consultation.
11. Failure to attend an appointment or failure to cancel one 2 hours before the appointment time will incur a fee based on the type of appointment booked.
12. By enrolling with us you authorise us to:
  - Disclose any information about you for the purpose of instructing other people including a debt collecting agency to recover any outstanding fees from you.
13. You acknowledge that:
  - All services may attract a fee
  - You remain liable for all fees, costs and disbursements (including Laboratory testing where you are not eligible for funding services in New Zealand) charged by us for the services.

## 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, 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, 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/eligibility> and work through the Guide to Eligibility Criteria.

Our PHO: WellSouth  
Level 1 333 Princes Street  
P.O. Box 218, Dunedin  
(03) 477 1168 (A)  
(03) 477 1168 (fax)  
0800 477 115



# 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, and
- 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.