

HHPC Enrolment Pack Instructions

Welcome to our practice.

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

Please completed one set of forms for each patient.

Return all the following documents for each patient as soon as you are able:-

- 1) **Patient Enrolment Form**
 - 2 pages signed by the patient if aged 16 or otherwise by a parent or guardian.
- 2) **Request to Transfer Notes** - including the name of your previous medical practice.
- 3) **Patient Medical Questionnaire**
 - 1 page for each patient
- 4) Provide proof of identity
 - for patient born in Australia - passport
 - for patients born elsewhere 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.

These documents must be completed in full before we can enrol you.

Please bring these completed documents to Reception at the health centre between 1.00 – 1.30 pm Mondays to Thursdays **in person** with your proof of identity (parents or guardians can bring these for those under age 16).

When you phone to make your first appointment to see a doctor at our practice, please let Reception know that it will be your first visit to us, as we book a 30 minute initial consultation to allow us to meet you and review your medical history.

If you have any questions please phone us on (03) 472 8026 - we are happy to answer them for you.

Thank you.

Harbour Health Port Chalmers Limited

47 George Street, Port Chalmers 9023.

Ph (03) 472 8026 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 am over 16 and wish to be registered with ManageMyHealth – our patient portal Yes No

I understand that email will 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.

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 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.

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.

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
Patient Medical Questionnaire

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

Date: ___ / ___ / ___

Name: _____ DOB: ___ / ___ / ___

Do you suffer from or have you had :

- High Cholesterol Asthma Thyroid problems
 Angina Heart Attack Stroke
 Diabetes Gestational Diabetes Gout
 Other _____

Do you have a family history of :

- Diabetes Angina/Heart Disease - under 50 or over 50
 Thyroid problems Stroke - under 50 or over 50
 Asthma High Cholesterol
 Cancer (type) _____
 Other _____

Do you take regular medications? No Yes – if yes please list:

Do you have any drug allergies? No Yes – if yes please list:

Cigarettes/Tobacco: Never smoked Past-stopped in last 12 months

Past - stopped > 12 months ago

Current smoker – Would you like help to stop smoking? Yes No

Vaping: No Yes with nicotine Yes without nicotine

Have you had childhood immunisations: Yes No Declined

When did you last have a Tetanus vaccine (year)?: _____

Do you usually have the flu vaccine?: Yes at Doctors Yes at work No

For Females aged 25-69 :-

Do you have regular cervical screening? Yes No

If No – have you had a hysterectomy? Yes – what year? _____ No

For Females aged 45 –69:-

Are you enrolled in the Breast screening programme? Yes No

If 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 9023
Phone (03) 472 8026
Email: reception@harbourhealth.co.nz

Request to transfer medical notes

The following patient has enrolled at Harbour Health Port Chalmers:-

Full Name			
Address			
Phone			
Date of Birth		NHI	

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
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Or if signed by authority

Full Name	Relationship
Address	Phone

Previous Medical Practice:

Address:

Please forward electronic notes via GP2GP: -

Harbour Health Port Chalmers Limited - 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, Maori and Pacific Islanders over 55, anyone aged 65 years and over and anyone aged under 65 years with a certain medical condition that increases their risk of developing complication from the flu
 - 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
 - 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.

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.