

EDI: goodmeds
 Dr Fiona Gordon
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The Good Medicine Clinic
 Level 1, Grey Lynn Community Centre,
 510 Richmond Road, Grey Lynn, Auckland 1021
 Phone:(09) 869 5128 Fax:(09) 376 5496



PRACTICE ENROLMENT FORM

Legal Name	Title: Mr/Mrs/Ms	Surname: (complete below)	First Name:			
			Middle Name:			
Marital Status		Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>

NHI: (office use only)	Date of Birth:	Day	Month	Year of Birth
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse (please state)			

Occupation:	Place of Birth:	Country of Birth:
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Residential Address	Street Number:	Street Name:		
	Suburb:	City:	Postcode:	

Postal Address (if different to above)	
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Home Phone:	Work:	Mobile
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Email:	Do you smoke?	
Do you agree to receive text messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you want to quit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to receive emails?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Never smoked (Not smoked more than 100 tobacco cigarettes in your life)
		<input type="checkbox"/> Ex-smoker (Quit date _____)

Next of Kin / Emergency Contact Details	Title: Mr/Mrs/Ms	Surname: (complete below)	First Name:	Relationship to Patient
	Address			
	Phone		Mobile	

Community Services Card
<input type="checkbox"/> Yes / <input type="checkbox"/> No
Card number:
Card Expiry Date:

High User Health Card
<input type="checkbox"/> Yes / <input type="checkbox"/> No
Card number:
Card Expiry Date:

Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you
<input type="radio"/> New Zealand European <input type="radio"/> Maori <input type="radio"/> Samoan <input type="radio"/> Cook Island Maori <input type="radio"/> Tongan <input type="radio"/> Niuean <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Other such as (Dutch, Japanese, Tokelauan) Please state _____

Transfer of records
In order to get the best care possible, I agree to this Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Previous Doctor's name:
Address:
Phone:
Signature _____
(agreement for transfer of records)

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 a 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 OR 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

we will retain a copy for eligibility purposes only

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 Auckland Primary Health Organisation, 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 agree** with 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.

Signatory Details	Signature _____	Date ____/____/____	<input type="checkbox"/> Self-Signing	<input type="checkbox"/> 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 <i>(where signatory is not the enrolling person)</i>	Full Name:	Relationship:
	Contact Phone:	Basis of authority: <i>(e.g. parent of a child under 16 years of age)</i>

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 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 with 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. This 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
- send relevant health information to other health professionals who are directly involved in my care

Health Information Privacy Statement

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 agency managing this programme.

Other Uses of Health Information

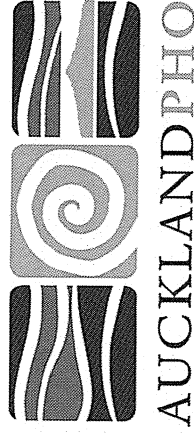
Health information *which will not include my name but may include my National Health Index (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

- 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 them to be communicated.



AUCKLANDPHO

PATIENT ENROLMENT INFORMATION

THE GOOD MEDICINE
CLINIC



Enrolment Information

Welcome to The Good Medicine Clinic

Thank you for choosing to be enrolled with our Practice, which is part of a Primary Health Organisation (PHO), called Auckland PHO. Your Government healthcare subsidy is paid to the Practice where you have chosen to enrol.

What Are PHOs?

PHOs are a group of primary health care providers (doctors, nurses and other trained professionals) responsible for organising and delivering primary health care to meet the needs of all the people enrolled with them. PHOs receive funding from the Government to subsidise a range of health services such as providing care and treatment when people are ill and help people to maintain their health and wellbeing.

What Does Enrolment Mean?

It means you wish to receive most of your ongoing healthcare at The Good Medicine Clinic and together, we plan to meet your health needs. You can only be enrolled with one Practice.

For further information about enrolling with a PHO, refer to the Ministry of Health publication, "Enrolling with a Primary Health Organisation – Answering your Questions" Benefits of enrolling?



The Good Medicine Clinic

Grey Lynn Community Centre

510 Richmond Road,

Grey Lynn 1021

Telephone (09) 869 5128

Opening Hours

Mon - Fri 8:30 AM – 5:00 PM

For Medical Assistance and After Hours Care call our phone 869 5128 for information

The staff at The Good Medicine Clinic are dedicated to providing the highest standard of treatment and health care for you.

If you have any questions about your enrolment, please ask at reception.



210 Khyber Pass Road
Grafton, Auckland, 10110
PO Box 110018
Auckland Hospital, Auckland 1148
Phone 379 4022 Fax 379 4024
www.aucklandpho.co.nz

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.

What happens if the general practice changes to a new PHO?

If the general practice changes to a new PHO the practice will make the information available to you.

What happens if I am enrolled in a general practice but I don't see them very often?

If you have not received services from your general practitioner in a three (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?

You can call 0800 855 151, or visit <http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-eligibilitydirectionplain> and work through the Guide to Eligibility Criteria.

