

PATIENT DETAILS (All fields marked with * must be completed)				NHI # :
Title	First Name(s)*	Family Name*		
Preferred Name	Other Names (e.g. maiden or previous name)			
Gender*	M / F	Date of Birth*	/ /	Place / Country of Birth*
Physical Address*	Street or Rapid (rural) number and Name of Street		Smoking Status:*	EX-SMOKER CURRENT SMOKER NON-SMOKER
	Suburb		Community Services Card	If ex-smoker, when did you quit?
	City/Town	Postcode		If smoker, do you want to quit?
Postal Address (if different from above)			High User Health Card	Card Number Expiry Date
Contact Details	Work	Mobile	Home	Email
Emergency Contact / Next of Kin	Name of person to contact	Relationship	Phone number	Other contact details

- I am eligible to enrol with Central PHO.** I choose to use Feilding Health Care (FHC) as my regular and ongoing provider of general practice/GP/First Level primary care services. I am eligible and entitled to enrol because I am residing in New Zealand permanently and I am a New Zealand Citizen **OR** meet one of the criteria laid out in the Eligibility Guide, with the corresponding letter.
- I have read and agree** to the terms in the Health Information Privacy Statement and the terms of service on the reverse of this form.
- I confirm** that if requested I can provide proof of my eligibility.
- I agree** to inform FHC of any changes in my eligibility.
- I understand** that by enrolling with FHC, I will be enrolled with the Central Primary Health Organisation (CPHO) FHC belongs to and my name, address and other identification details will be included on both FHC and the CPHO Enrolment Register.
- I understand** that if I visit another GP where I am not enrolled, I may be charged a higher fee.
- I understand** that I will receive communications from FHC.
- I have been given** information about the benefits and implications of enrolment with the CPHO, and their contact details.

SIGNED* _____
Date* _____

or **SIGNED AUTHORITY*** _____
Date* _____

Which ethnic group do you belong to?

Tick the space or spaces that apply to you

- | | |
|--|--|
| <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Māori |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Māori |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Other (such as DUTCH, JAPANESE, TOKELAUAN). Please state: | |

Do you permit us to contact you by text message for things such as appointment reminders and/or inform you of normal test results?

- Yes No

I understand and accept Feilding Health Care is part of a shared database with other health providers and that my information is accessible to these health providers under the rules of the Health Information Privacy Code 1994. Under this code your information must only be used for the health benefit of you, our patient.

- Yes No

Office use only:
Enrolling with Doctor:
Evidence sighted: Y / N / NA

PATIENT ADVOCACY

Should you have a complaint about the quality of our service we encourage you to bring it to our attention as soon as possible. Feilding Health Care maintains an active consumer complaint process alongside our clinical and organisation quality and risk processes. You may lodge your complaint by contacting any of our staff.

Feilding Health Care supports the promotion and protection of the rights of health and disability consumers. Therefore should your direct complaint to us not be satisfactorily resolved we encourage you to contact the Health and Disability Advocacy service by contacting the service on 0800 555 050 or by emailing advocacy@hdc.org.nz. The Health and Disability Commission website found at www.hdc.org.nz has further information on your rights as a health consumer.

The service aims to assist consumers to achieve consumer-centred health and disability services and resolution of complaints. Independence, accessibility, confidentiality and ethical practices are key components of the services.

HEALTH INFORMATION PRIVACY STATEMENT

We adhere to the following Central Primary Health Organisation Health Information Privacy Statement. In acknowledging you have read and agree with the Health Information Privacy Statement you confirm that you 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 GP I will be asked for permission to share information from the visit with Feilding Health Care. If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular GP, he/she can make a claim for a subsidy, and Feilding Health Care will be informed of the date of that visit. The name of the GP 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 Patient Enrolment Form will be:

- held by Feilding Health Care
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- sent to the Central Primary Health Organisation 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 Feilding Health Care, 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 Central Primary Health Organisation 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 Central Primary Health Organisation 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.

TERMS OF SERVICE

1. Our standard consultation fees are available upon request. Our fees take into account the following factors:
 - a) the time spent;
 - b) the complexity of treatment
 - c) the cost of materials, equipment, staff and overheads
 - d) funding available from the government, public and other sources
2. We require payment of our fees immediately after your consultation or services provided. We accept debit and credit cards and payment by cash and cheques.
3. If payment is not made immediately, we will invoice you and will charge you an administration fee for doing so. Your account may be sent to a debt collection agency if not fully paid within 30 days. We may also:
 - a) charge you interest at our bank's overdraft lending rate calculated on a daily basis from the date of your consultation until payment; and/or
 - b) charge you the cost of recovery of the outstanding fees and interest including our legal costs on a solicitor/client basis, any court costs and disbursements, service or collection fees; and/or
 - c) require you to agree to a payment plan, including automatic payments
 - d) decline to provide you with further health services - except in the case of an emergency
4. In this document:
 - a) "You" and "I" means any patient of Feilding Health Care and
 - b) "We", "Us" and "Our" means Feilding Health Care - and affiliated practices
5. You authorise us to:
 - a) make enquiries with any previous medical practitioners and health professionals you may have engaged regarding your medical history and you authorise disclosure by those people to us
 - b) send you information about how we may assist you by providing other medical or health services to you
 - c) make enquiries with from time to time with credit agencies regarding your credit history and to release information from time to time to the extent where necessary for the purpose of making such enquiries (and you authorise disclosure by those agencies to us);
 - d) disclose any information about you for the purpose of instructing other persons including a debt collecting agency to recover any outstanding fees from you; and
6. You acknowledge that:
 - a) all services may attract a fee unless clearly stated otherwise; and
 - b) you remain liable for all fees, costs and disbursements (e.g. laboratory testing) charged by us for the services provided notwithstanding that these may be recoverable by us from a third party (e.g. insurance providers)

MANAGEMYHEALTH™

ManageMyHealth™ is a web site for you; it uploads your information from our computer to a secure web server. It is a place where you can access your health information online, it's easy and confidential. We fully support the concept of a patient held electronic health record. For us, it is a way to receive secure electronic messages from you, which will help us manage the day to day running of Feilding Health Care.

THIS IS A NON-URGENT SERVICE. PLEASE DO NOT USE MANAGEMYHEALTH™ TO COMMUNICATE ACUTE SERIOUS PROBLEMS TO YOUR DOCTOR. PLEASE PHONE 111 IN THE CASE OF AN EMERGENCY OR US ON (06) 323 9696 FOR ADVICE ON URGENT MATTERS.

REPEAT PRESCRIPTIONS

We encourage you to use the Request Prescription service. This service is only available for medications you are on long term. Please note you must collect the script from our reception and pay for this service at that time. We will send you a ManageMyHealth™ email once your request has been processed. Please allow two working days.

TEST RESULTS

We would like to use ManageMyHealth™ as one of the ways of notifying you of your test results. We also use texting and telephone. When we file a result you will be sent an email saying your record has been updated. We recommend you do not switch off the automatic notification box in your inbox setup, so you can receive these messages. Your 'Lab Results' section in the 'Health Summary' option will have your results. One column has your doctor's comments on the test. For more detail click the blue 'i' button. Please read your doctor's comments and take any action recommended. If there are serious abnormalities we will endeavour to contact you through other channels, including phone and letter.

EMAIL CONSULTATIONS VIA MANAGEMYHEALTH™

By agreeing to use this service you agree to pay the associated fee within 7 days after the consultation is completed. Your doctor or recipient of your request has sole discretion as to when a consultation is completed and billed. For queries or complaints please contact Feilding Health Care. This service is not intended to replace face-to-face consultations. We will respond to your request within two working days. The advice provided by your doctor is limited by the information you provide and the information we already have in our records. If your request is too complex you may be asked to make an appointment for a consultation.

HEALTH INFORMATION

If you see incorrect information in the Health Summary, please contact Feilding Health Care so we can correct the information.

APPOINTMENTS

All standard appointments are 15 minutes and will incur a standard consultation fee which is to be paid on the day of appointment. See our list of fees on our website www.feildinghealthcare.nz. We will send you a ManageMyHealth™ email once your appointment has been accepted.

Cancellations must be made at least one working day before the confirmed appointment. Failure to attend the appointment or cancellations within 24 hours of the appointment will incur a fee. If you require an appointment with the nurse or a longer appointment, please phone practice on (06) 323 9696 or email on hello@fhc.nz.

RECALL ENQUIRY

This is a non-urgent service and we will attempt to answer your query within two working days. If you have an urgent request, please ring the practice on (06) 323 9696.

GENERAL CONDITIONS

All messaging services are non-urgent services and we will attempt to answer your query within two days. Misuse of our ManageMyHealth™ service will result in suspension of your ManageMyHealth™ account.

TECHNICAL SUPPORT

The website is provided by MedtechGlobal, a New Zealand company that provides the software that Feilding Health Care uses. MedtechGlobal is unable to see your information, as it is encrypted.