



Practice Name: Crawford Medical Centre  
 Address: 4 Picton Street, Howick, Auckland 2014  
 Phone number: 09 538 0083 Fax: 09 538 0122  
 EDI Number: Crawford  
 GP Provider: \_\_\_\_\_  
 NZMC no: \_\_\_\_\_

## Patient Enrolment Form

<b>Legal Name</b>	<b>Title:</b>	<b>Surname:</b>	<b>First Name:</b>
			<b>Middle Name:</b>
<b>NHI:</b> (office use only)		<b>Date of birth:</b>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse (please state)		<b>Place of birth:</b>	
<b>Occupation:</b>		<b>Country of birth:</b>	
<b>HOW DID YOU HEAR ABOUT US:</b>			

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

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

	<b>Street Number:</b>	<b>Street Name:</b>	
	<b>Suburb:</b>	<b>City:</b>	<b>Postcode:</b>
<b>Postal address</b> (if different to above)			
<b>Home Phone:</b>		<b>Work:</b>	<b>Mobile:</b>
<b>Email:</b>		<b>Emergency Contact Name:</b>	
<b>Do you agree to receive emails:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Relationship:</b>	<b>Tel. contact:</b>
<b>Do you agree to receive text messages?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you Smoke?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (ex smoker) <input type="checkbox"/> Never		

<b>Which ethnic group(s) do you belong to?</b> 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 _____

<b>Transfer of records</b>
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. <b>I accept that my hard file medical records will not be retained with my new Doctor.</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>Previous Doctor's name:</b>
<b>Address:</b>
<b>Phone:</b>
<b>Signature</b> _____ Please Sign Here (agreement for transfer of records)

**Patient Portal I wish to join Level 2 of the Patient Portal so that I have access to my results, medication requests and online appointment bookings.**

<b>Patient Signature:</b> Please Sign Here	<b>Please Provide Photo ID</b>
	<b>Personalised Email Address:</b>

## 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 <i>(If yes, tick box and proceed to <b>I confirm that, if requested, I can provide proof of my eligibility</b> below)</i>	<input type="checkbox"/>
---	---	--------------------------

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 <b>AND</b> 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 <b>OR</b> in the process of applying for, or appealing refugee or protection status, <b>OR</b> 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 <b>OR</b> 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 East Health Trust 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 agree** to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.
- **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.

<b>Signatory Details</b>	Signature _____ <span style="color: yellow;">Please Sign Here</span>	Date ____/____/____ <span style="color: yellow;">Please Date Here</span>	<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

<b>Authority Details</b> <i>(where signatory is not the enrolling person)</i>	<b>Full Name:</b>	<b>Relationship:</b>
	<b>Contact Phone:</b>	<b>Basis of authority:</b> <i>(e.g. parent of a child under 16 years of age)</i>

# Enrolling at Crawford Medical Centre

Enrolment with us is easy – **simply fill in the 2 page Enrolment Form** either from our website or given to you at reception. The form requires you to provide details such as your full name, age, date of birth, address and ethnicity. The information collected at enrolment is subject to the Privacy Act 1993 and the Health Information Privacy Code 1994, so the privacy of your information is protected.

## 5 Steps Needed to Enrol as a New Patient

### 1. Confirm Your Identity

We require photo ID for all enrolling patients – 1. your passport (for those born overseas) or a Driver's Licence for New Zealand born.

### 2. Assess Eligibility to Receive Publicly Funded Health Services

New Zealand citizens are eligible. This includes everyone born in New Zealand before 2006. A passport or Birth Certificate can confirm this. All other people are subject to the Ministry of Health Eligibility Criteria – please check out <https://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services>

### 3. Assess Entitlement to Enrol

Crawford Medical Centre is required to assess the entitlement of each person wanting to enrol, by having the person confirm they:

- Intend to use the contracted provider as their regular and ongoing provider
- Intend to reside permanently in New Zealand (resident in NZ for more than 183 days in the next 12 months)
- Are not receiving long-term continuous and exclusive care through another funding agreement, eg, Department of Corrections (prison), Defence Force.

### 4. Complete the Enrolment Process

The Enrolling person completes the Enrolment Form which includes:

- The enrolment date
  - An eligibility declaration
  - An entitlement declaration
  - An acknowledgement of Use of Health Information Statement
  - An Agreement with the enrolment process
  - Signature of the enrolling person (or authorised person) and date of signing.
- The attached Health Information Privacy Statement explains your rights to your health records, why we collect health information and how it is used for your health care, statistics and planning.

### 5. Record the Enrolment Data

We record your enrolment information in our patient management system, and this information is transferred to the National Enrolment System database.

## **I understand the following:**

# **Health Information Privacy Statement**

### **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 am under six years old or have a High User Health Card, or a 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.

## 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 and gender). 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.

## Questions & Answers

### 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.