

## **Welcome to Mapua Health Centre**

*Mapua Health Centre is delighted to have you join our Practice. As your health providers, our aim is to work with you to achieve your best possible health and well-being.*

*You will be cared for by our team of skilled and experienced staff working in a well-equipped, caring and friendly environment.*

*To help us ensure we provide a service that meets both your requirements and ours, together with those of the Ministry of Health & Nelson Bays PHO we enclose the following:*

- *Enrolment form*
- *Health information privacy statement*
- *Ministry of Health proof of eligibility requirements*
- *Current Medical Status form*
- *Terms of Trade*
- *Patient code of conduct*

### **Other details you need to know:**

*To enrol as a patient at our practice we require a separate enrolment form to be completed for every person. Please note that all patients over the age of 16 years **must** sign their own form.*

*When you enrol, please let the Receptionist know which Doctor or Nurse Practitioner you would prefer to see when possible. Please refer to our brochure or website for up-to-date information on who is taking new patients.*

*We will request notes from your previous surgery once the enrolment form has been processed.*

*A New Patient Consult may be required for patients over the age of 16 years or any child who suffers from complex medical conditions. Once your notes have been received from your previous Practice we will contact you only if you are required to have this New Patient Consult. This process is to ensure that all your medical information is current. If you are required to have a New Patient Consult, firstly you will have an appointment with the nurse who will take base-line observations such as height, weight, blood pressure and blood tests if appropriate. You will then have an appointment with the Doctor to update your medications, medical conditions and other relevant details. These two appointments will take a total of 30 minutes and standard fees will apply.*

*Our doctors' appointments are scheduled at 15 minute intervals. If you think you will need more time, please ask for a longer appointment. While we make every effort to run to time there are occasions when unexpected emergencies and/or a consultation running over time will cause delays.*

*If there is anything you are unsure of or if you would like help filling in the forms please do not hesitate to speak with one of our friendly receptionists.*

*Ngā mihi nui / Kind Regards*

*Mandy Barrow  
Practice Manager*

## 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 am under 14 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.

***Please turn over for more information***

## **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.

At Mapua Health Centre we work as a team and your notes may be accessed by staff who are required to do so for administrative purposes, as well as in the context of a consultation. All our non-clinical staff have signed confidentiality agreements and all our clinical staff are bound by their professional standards to maintain patient confidentiality. Whilst there may be specific circumstances where the Health Information Privacy Code allows for the release information without consent, these situations are carefully reviewed against the requirements of the Code to ensure compliance is appropriately maintained.

## **Enrolling with a Primary Health Organisation**

### ***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 Māori health workers, health promoters, dieticians, 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.

## **Question and 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.

# PATIENT ENROLMENT FORM

**Address:** 62 Aranui Road, Mapua 7005  
**Phone:** 03 540 2211  
**EDI:** mapuahct

<b>Provider name:</b>		<b>NZMC:</b>		<b>NHI:</b>		
<b>Legal Name</b>	Title	Given Name	Middle Name(s)	Family Name		
<b>Other Name</b>		Preferred Name (s)		Other Family Name (e.g. maiden name)		
<b>Birth Details</b>		Day / Month / Year of Birth	Place of Birth	Country of birth		
<b>Sex at birth</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Gender you would like to be identified as</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
				<input type="checkbox"/> Gender Diverse (please specify)		
<b>Usual Residential Address</b>		House Number and Street Name		Suburb	Town / City and Postcode	
<b>Postal Address</b> (if different from above)		House Number and Street Name or PO Box Number		Suburb	Town / City and Postcode	
<b>Contact Details</b>		Mobile Phone	Home Phone	Email Address		
<b>Employment Details</b>		Occupation		Employer	Work Phone	
<b>Emergency Contact</b>		Name		Relationship	Mobile (or other) Phone	
<b>Do you consent to receive communication from this practice via text messaging?</b>					YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Ethnicity Details</b> Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>		<input type="checkbox"/> New Zealand European <input type="checkbox"/> Maori Iwi /Tribe..... <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Tongan		<input type="checkbox"/> Niuen <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other European (Please state) ..... <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan). Please state .....		
<b>SMOKING STATUS:</b>	<b>Do you smoke tobacco?</b> (Please tick one) YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Past Smoker</b> (Given up more than 12 months ago) <input type="checkbox"/>					
<b>Terms of Trade</b>	<b>Please refer to our Terms of Trade in your enrolment pack for full details.</b>					
<b>Transfer of Records</b> <i>Signature required</i>	<i>In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor. I also understand that I will be removed from their practice register as I am only able to be enrolled at one practice at a time in New Zealand</i>					
	<input type="checkbox"/> Yes, please request transfer of my records		<input type="checkbox"/> No transfer		<input type="checkbox"/> Not applicable	
	Previous Doctor and/or Practice Name		Signature of consent for transfer of records			
<b>Patient Survey</b> <b>Patient Survey Contact Details</b>	<i>From time to time we may contact you and ask for your feedback on your experience of care. This provides important information which we use to improve health services. Participation is voluntary and anonymous.</i>					
	<input type="checkbox"/> As provided (or)	Alternative Mobile Phone		Alternative Email Address		
<input type="checkbox"/> No, I do not wish to participate in the Patient Survey						

## My declaration of entitlement and eligibility

<b>I intend to use this practice</b> as my regular and on-going provider of general practice / GP / health care services.	<input type="checkbox"/>
<b>I am entitled to enrol</b> because I am residing permanently in New Zealand. <i>The definition of residing permanently in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months</i>	<input type="checkbox"/>

**I am eligible to enrol** because:

<b>a</b> 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)	<input type="checkbox"/>
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If you are **NOT** a New Zealand citizen please tick which entitlement criteria applies to you (b–j) below:

<b>b</b>	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
<b>c</b>	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"/>
<b>d</b>	I have a current work visa/permit and can show that I am legally able to be in New Zealand for at least 2 years (previous visa/permits included)	<input type="checkbox"/>
<b>e</b>	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
<b>f</b>	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"/>
<b>g</b>	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 and control of the Chief Executive of the Ministry of Social Development	<input type="checkbox"/>
<b>h</b>	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"/>
<b>i</b>	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
<b>j</b>	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	<input type="checkbox"/>
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## 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 this practice's Primary Health Organisation (PHO) Nelson Bays Primary Health Organisation this practice is contracted to, 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 Mapua Health Centre may use AI tools to assist in providing healthcare services. All AI-assisted work is reviewed with human oversight to ensure its accuracy and appropriateness. AI will not be used for clinical decision-making or judgment. My health information will be used in accordance with legislative requirements and will not be shared with AI systems outside the practice without my consent. All data processed by AI tools will be handled securely and in compliance with data protection regulations. I can also withdraw my consent at any point by notifying the practice.

<b>Signatory Details</b>	Signature	Day / Month / Year	<input type="checkbox"/>	<input type="checkbox"/>
			Self Signing	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>	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		

### OFFICE USE ONLY:

ID Type	Expiry Date:	Last 4 Digits
1.		
2.		
3.	N/A	N/A
Work Visa	Start:	Expiry:

## Proof of Eligibility for Enrolment

The Ministry of Health requires us to obtain proof that all patients enrolling at Mapua Health Centre are eligible to enrol. This means that we need to see the following documentation before we are able to enrol you.

Please note that until the appropriate ID has been sighted you will be charged as a non-funded patient.

### ***New Zealand Citizen:***

New Zealand Passport

**and**

2 supporting forms of ID

*eg Driver's licence, credit card, community services card, bank statement, utility bill.*

*Please note one of these ID's must show the address you are currently living at.*

**OR**

New Zealand Birth Certificate

**and**

2 supporting forms of ID of which one must be a photo ID (please see above for details)

*Please note one of these ID's must show the address you are currently living at.*

### ***Work or Residence Visa Holder for at least 2 years:***

Passport with NZ Work/Residence Visa (covering 2+ years)

**and**

2 supporting forms of ID (please see above for details)

### ***Australian Citizens (or Permanent Residents) now Resident In NZ:***

Australian Passport (or passport with Australian Residence Visa)

**and**

2 supporting forms of ID (please see above) including evidence that you have been/will be staying in NZ for 2 years

*eg A letter from your employer, evidence of house purchase.*

### ***Children Under 16***

Birth certificate or passport. If the parent is not enrolling then the above criteria applies.

# CURRENT MEDICAL STATUS – CHILDREN 0-16 YEARS

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

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

## Personal History

Have you ever suffered from any of the following conditions?

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Epilepsy                              |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Cancer, please state:                 |
| <input type="checkbox"/> Eczema                       | <input type="checkbox"/> Other, please state:                  |
| <input type="checkbox"/> Heart disease, please state: | <input type="checkbox"/> Developmental concerns, please state: |
| <input type="checkbox"/> Mental health, please state: |  |

Has your child had any operations? Yes / No Please state: \_\_\_\_\_

Please list any medication that your child is taking: \_\_\_\_\_

Does your child have any allergies? Yes / No Please state allergy and reaction: \_\_\_\_\_

Is your child in a smokefree home? Yes / No

Is your child up to date with their immunisations? Yes / No If no, please state reason:

\_\_\_\_\_

**If your child was vaccinated overseas, please supply a copy of this.**

## Family History

Has your parent/brother/sister suffered from any of the conditions below? Please give details.

- |  |  |
|--|--|
| <input type="checkbox"/> Type 1 Diabetes, please state relative:       | <input type="checkbox"/> Stroke, please state relative and age at first presentation:    |
| <input type="checkbox"/> Type 2 Diabetes, please state relative:       | <input type="checkbox"/> High blood pressure or high cholesterol, please state relative: |
| <input type="checkbox"/> Epilepsy                                      | <input type="checkbox"/> Cancer, please state relative and age:                          |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Other, please state:  |
| <input type="checkbox"/> Kidney disease                                |  |
| <input type="checkbox"/> Heart Disease, please state relative and age: |  |

Today's date: \_\_\_\_\_ Medtech updated: \_\_\_\_\_ (Staff use only)



## Patient Code of Conduct

**As the staff of Mapua Health Centre, we agree to meet your needs to the best of our ability, within our resources, and to communicate with you in a respectful way.**

**We ask that you maintain our code of conduct below:**

1. I will not display verbally threatening, aggressive or intimidating behaviour toward staff, patients or any other person on Mapua Health Centre property.
2. If I am anxious or upset whilst attending, I will ask for help and assistance.
3. I will not consume alcohol, drugs, or other intoxicants on Mapua Health Centre property.
4. I will not use language that is offensive or derogatory to any other patient or staff member based on race, sexual orientation or appearance.
5. I will be respectful of the privacy of other attending patients.

**Failure to comply with the above may result in your being asked to leave the clinic and further, you may be unenrolled with Mapua Health Centre.**

## Terms of Trade

1. Payment is due at the time of your consultation unless a prior arrangement has been made.
2. An administration fee of \$10 will be added to your account if payment is not received within 7 days.
3. Outstanding accounts will be referred to a Debt Collection agency after 90 days. An additional fee and all collection costs will be added at the time of referral. Please note this will create extra costs for you.
4. Bad debtors are required to make pre-payment for all appointments and services requested.
5. Phone consultations are charged at the same rate as face to face appointments.
6. We reserve the right to charge for missed appointments. The first missed appointment will incur a fee of 50% and subsequent missed appointments will be charged at a rate of 100% of the applicable consultation fee.
7. Cancellation of an appointment within one hour will incur a 50% fee.

**I have read, understood and agree to comply with the Code of Conduct and Terms of Trade of Mapua Health Centre.**

**Patient Name:** .....

**Date:** .....

**Patient Signature:** .....