

TANGATA ENROLMENT FORM

TE PUNA HAUORA



☐ EDI Number: tepunaha

☐ NZMC No. 000000 Admin Reception

☐ reception@tepuna.org.nz

☐ 58A Akoranga Drive
Northcote (Ph: 09 489 3049)

☐ 166 Birkdale Road Birkdale

Title : Last Name : First Name :

Other Name(s) : NHI:
Office Use Only

Residential Address :

Postal Address :
if different from above

Date of Birth : Gender : ☐ Male ☐ Female ☐ Gender Diverse
D D M M Y Y

Place of Birth : Country of birth :

Occupation : ☐ Enrolled ☐ Casual ☐ Visitor

Mobile Number : Home Phone :

Email Address : ☐ No sms / text messaging ☐ No email

☐ Have read Terms and Conditions Signature:

Emergency Contact or Next of Kin : Relationship : Phone :

Transfer of Records

In order to get the best care possible. I agree to Te Puna Hauora obtaining my records from my previous Doctor. I also understand that I will be removed from the previous Doctors practice register.

☐ Yes, please request transfer of my records

☐ Casual only

Previous Clinic : Email Address :

Office Use Only:

- ☐ Load
- ☐ ID (Passport / BCert.)
- ☐ Visas
- ☐ F3 - Note
- ☐ Email address (Old GP)
- ☐ Confirmed Enrolment (Old GP)
- ☐ Excel
- ☐ Scan

Ethnicity

- ☐ Maori
Iwi:
Hapu:
- ☐ Samoan
- ☐ Cook Island Maori
- ☐ Tongan
- ☐ Niuean
- ☐ NZ European
- ☐ Other:

Community Services Card

☐ Yes ☐ No

Card Number

Expiration Date
D D M M Y Y

High User Health Card

☐ Yes ☐ No

Card Number

Expiration Date
D D M M Y Y

Do you smoke? ☐ Yes ☐ No ☐ Never

Would you require interpreter? ☐ Yes ☐ No

What language do you speak?

My declaration of entitlement and eligibility



I am entitled to enroll 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 enroll 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)

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

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)

E. I am an interim visa holder who has eligible immediately before my interim started

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

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

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)

I. I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme

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

I confirm that, if requested, I can provide proof of my eligibility

Evidence sighted (Office Use Only)

My agreement to the enrolment process

Parent or caregiver to sign if you are under 16 years

I intend to use Te Puna Hauora as my regular and on-going provider of general practice / GP / healthcare services.

I understand that by enrolling with Te Puna Hauora, I will be included in the enrolled population of the Primary Health Organisation Te Puna Hauora belongs 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 healthcare 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 Te Puna Hauora and the 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 Te Puna Hauora participates in a national survey about people's healthcare 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 Te Puna Hauora. The survey provides important information that is used to improve health services.

I agree to inform Te Puna Hauora of any changes in my contact details and entitlement and / or eligibility to be enrolled.

Signature

Date (dd/mm/yy)

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.

Full Name : _____

Relationship : _____

Phone Number : _____

Basis of Authority : _____

Title: Tangata Enrolment Form

Date Created: 01/03/2023

Date Last Revised: 01/03/2023

Next Review Date: 01/03/2023

Created by: Clinical Leader

Approved by: Dr. Nehal Al-Reffe (Senior GP)

Approved by: John Marsden (GM)

Signature: _____

Signature: _____



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Privacy Statement

Use and confidentiality of your health information (fact sheet)

Your privacy and confidentiality will be fully respected. This fact sheet sets out why we collect your information and how that information will be used.

Purpose

We collect your health information to provide a record of care. This helps you receive quality treatment and care when you need it.

We also collect your health information to help:

- keep you and others safe
- plan and fund health services
- carry out authorised research
- train healthcare professionals
- prepare and publish statistics
- improve government services.

Confidentiality and information sharing

Your privacy and the confidentiality of your information is really important to us.

- Your health practitioner will record relevant information from your consultation in your notes.
- Your health information will be shared with others involved in your healthcare, and with other agencies with your consent, or if authorised by law.
- You don't have to share your health information, however, withholding it may affect the quality of care you receive. Talk to your health practitioner if you have any concerns.
- You have the right to know where your information is kept, who has access rights, and, if the system has audit log capability, who has viewed or updated your information.
- Your information will be kept securely to prevent unauthorised access.

Information quality

We're required to keep your information accurate, up-to-date and relevant for your treatment and care.

Right to access and correct

You have the right to access and correct your health information.

- You have the right to see and request a copy of your health information. You don't have to explain why you're requesting that information, but may be required to provide proof of your identity. If you request a second copy of that information within 12 months, you may have to pay an administration fee.



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- You can ask for health information about you to be corrected. Practice staff should provide you with reasonable assistance. If your healthcare provider chooses not to change that information, you can have this noted on your file.

Many practices now offer a patient portal, which allows you to view some of your practice health records online. Ask your practice if they're offering a portal so you can register.

Use of your health information

Below are some examples of how your health information is used.

- If your practice is contracted to a Primary Health Organisation (PHO), the PHO may use your information for clinical and administrative purposes including obtaining subsidised funding for you.
- Your District Health Board (DHB) uses your information to provide treatment and care, and to improve the quality of its services.
- A clinical audit may be conducted by a qualified health practitioner to review the quality of services provided to, you. They may also view health records if the audit involves checking on health matters.
- When you choose to register in a health programme (eg immunisation or breast screening), relevant information may be shared with other health agencies involved in providing that health programme.
- The Ministry of Health uses your demographic information to assign a unique number to you on the National Health Index (NHI). This NHI number will help identify you when you use health services.
- The Ministry of Health uses health information to measure how well health services are delivered and to plan and fund future health services. Auditors may occasionally conduct financial audits of your health practitioner. The auditors may review your records and may contact you to check that you received those services.
- Notification of births and deaths to the Births, Deaths and Marriages register may be performed electronically to streamline a person's interactions with government.

Research

Your health information may be used in research approved by an ethics committee or when it has had identifying details removed.

- Research which may directly or indirectly identify you can only be published if the researcher has previously obtained your consent and the study has received ethics approval.
- Under the law, you are not required to give consent to the use of your health information if it's for unpublished research or statistical purposes, or if it's published in a way that doesn't identify you.



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Complaints

It's OK to complain if you're not happy with the way your health information is collected or used.

Talk to your healthcare provider in the first instance. If you are still unhappy with the response you can call the Office of the Privacy Commissioner toll-free on 0800 803 909, as they can investigate this further.

For further information

Visit www.legislation.govt.nz to access the Health Act 1956, Official Information Act 1982 and Privacy Act 1993.

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The Health Information Privacy Code 1994 is available at www.privacy.org.nz. You can also use the Privacy

Commissioner's Ask Us tool for privacy queries.

A copy of the Health and Disability Committee's Standard Operating procedures can be found at <http://ethics.health.govt.nz/operating-procedures>

Further detail in regard to the matters discussed in this Fact Sheet can be found on the Ministry of Health website at

<http://www.health.govt.nz/your-health/services-and-support/health-care-services/sharing-your-health-information>

Signature

Date (dd/mm/yy)