

Fields with \* are compulsory. Anyone over age of 16 years must complete their own enrolment form.

**1 ABOUT YOU**

Title \_\_\_\_\_  Mr  Miss  Mrs  Master  Other \_\_\_\_\_

Given name\* \_\_\_\_\_

Other given names\* \_\_\_\_\_

Family name\* \_\_\_\_\_

Other names (e.g. maiden name) \_\_\_\_\_

Please tick the name you prefer to be known by

Date of birth\* \_\_\_\_\_

Place of birth\* \_\_\_\_\_

Country of birth\* \_\_\_\_\_

Gender\* \_\_\_\_\_  Male  Female  Gender diverse (please state) \_\_\_\_\_

Occupation\* \_\_\_\_\_

NHI (Office use only) \_\_\_\_\_

**2 USUAL RESIDENTIAL ADDRESS**

House number and street (or RAPID)\* \_\_\_\_\_

Suburb/rural location\* \_\_\_\_\_

Town/city\* \_\_\_\_\_ Postcode\* \_\_\_\_\_

**3 POSTAL ADDRESS (if different)**

House number and street or PO Box \_\_\_\_\_

Suburb/rural location \_\_\_\_\_

Town/city \_\_\_\_\_ Postcode \_\_\_\_\_

**4 CONTACT DETAILS**

Phone numbers \_\_\_\_\_ Mobile \_\_\_\_\_ Home \_\_\_\_\_

Work phone number \_\_\_\_\_

Email address \_\_\_\_\_

**5 EMERGENCY CONTACT DETAILS**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

## 6 NEXT OF KIN

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## 7 TRANSFER OF RECORDS

In order to get the best care possible, I agree to the Practice obtaining my records from my previous Doctor.  
I understand that I will be removed from their practice register.

Yes     No     Not applicable

Previous Doctor \_\_\_\_\_  
Practice name \_\_\_\_\_  
Address/location \_\_\_\_\_

## 8 COMMUNITY SERVICES/HIGH USER HEALTH CARD

I have a Community Services Card     Yes     No

Card number \_\_\_\_\_  
Expiry date \_\_\_\_\_

## 9 ETHNICITY\* (Mark with numbers the ones that apply to you, e.g if you identify as Maori/NZ: 1 Maori    2 NZ European)

Maori Iwi \_\_\_\_\_  
 NZ European     Samoan     Cook Island Maori     Tongan     Niuean     Chinese     Indian  
 Others (e.g. Dutch, Japanese, Tokelauan) Please state: \_\_\_\_\_

## 10 CERTIFICATION

Original identification required \_\_\_\_\_  
 NZ Citizen     Permanent     Refugee     Work permit  
Residency status \_\_\_\_\_  
 Passport     New Zealand birth certificate

## 11 ACCOUNTS

When enrolling a family we allocate one account payer for each family. Please select one of the following:

I will be my own account holder  
 \_\_\_\_\_ will be the designated account holder for myself/family.

\_\_\_\_\_

Account holders signature

## MY DECLARATION OF ENTITLEMENT AND ELIGIBILITY

I am entitled to enrol because I am residing permanently<sup>1</sup> in New Zealand.

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)
- c) I am an Australian citizen or Australian permanent resident AND able to show I have been in NZ 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 was eligible immediately before my interim visa 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 New Zealand 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 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) Silverstream Health Centre, 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 understand** 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.

**I agree** to pay for all consultations at the time of the appointment and if not paid on the day an account fee will be added. If my account remains outstanding, it will be forwarded to a debt collection agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
or Signature of Authority<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Detail the basis of authority (e.g. parent of child under 16)

<sup>1</sup>The definition of residing permanently in NZ is that you intend to be resident in NZ for at least 183 days in the next 12 months.

<sup>2</sup>An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

**1 PERSONAL DETAILS**

First name \_\_\_\_\_

Last name \_\_\_\_\_

Gender\*  Male  Female  Gender diverse (please state) \_\_\_\_\_

DOB / / Height \_\_\_\_\_ Weight \_\_\_\_\_

Phone numbers Mobile \_\_\_\_\_ Home \_\_\_\_\_

**2 EMPLOYER'S DETAILS**

Occupation \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

**3 SMOKING STATUS**

Current smoker  Recently quit  Past smoker  Non-smoker

If you are a *past smoker* or recently quit, when did you quit smoking? \_\_\_\_\_

If you are a *current smoker*, how many do you smoke per day? \_\_\_\_\_

If you are a *current smoker*, would you like support to quit smoking? Yes  No

**4 ALCOHOL STATUS**

Non-drinker  1-2 standard drinks daily  4-5 standard drinks daily  Special occasions only

**5 CLASSIFICATIONS – Do you suffer from any of the following**

Heart issues  Diabetes  Asthma  Allergies\*

\*Please specify \_\_\_\_\_

Do you take Warfarin? Yes  No

**6 FAMILY HISTORY – Excluding yourself**

Please give details and family member

Heart problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

Comment on any relevant past medical history not mentioned in this form \_\_\_\_\_

**7 SCREENING HISTORY – Female only**

Year and month of last Mammogram \_\_\_\_\_ / \_\_\_\_\_ Year and month of last Cervical Smear \_\_\_\_\_ / \_\_\_\_\_

**8 NEXT OF KIN**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Every ManageMyHealth account needs a unique email address.  
You cannot set up an account using a shared email address.

**PERSONAL DETAILS** PLEASE PRINT DETAILS CLEARLY

Patient's name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email address \_\_\_\_\_

Each family member needs their own email address

Default password for MMH \_\_\_\_\_ **Welcome123!** \_\_\_\_\_

Please change this password once you have completed your registration

Identification sighted \_\_\_\_\_

**IMPORTANT**

**Please do not try to activate your own account – you do not need an Activation Code. We activate your Manage My Health account on our end. Please go straight to Login after verifying your email.**

In a couple of days you can expect an email from Manage My Health which will include a link. Once you have clicked the link you will see a message that you have successfully registered and you can visit the [www.managemyhealth.co.nz](http://www.managemyhealth.co.nz). Click **Login** and use your email address and the standard password provided to log in. Please change this password once you have completed this process.

**Not recieved your email?** If you don't see a message from Manage My Health in your inbox please check it has not gone to your Spam or Junk Mail folders.

If you have any trouble getting started please email [administration@sshc.co.nz](mailto:administration@sshc.co.nz) or phone 04 527 7376.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# 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 Health 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 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

## Shared care record

An electronic summary of my health information will be available to health professionals in hospitals and other settings who are directly involved in my care.

If I do not want my information to be available on the Shared Care Record, I have the option to opt out, or to have specific consultation data excluded.

## 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
- 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, gender, ethnicity). 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. You will be required to provide appropriate identification. Parents can enrol children under 16 years of age, but children 16 years and older need to sign their own form.

## QUESTIONS 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 [www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0](http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services-0) and work through the Guide to Eligibility Criteria.