



your partners in health - te hauora tuhona

12 Eccles Street, Gore 9710 P O Box 39, Gore 9740
 Phone: 03 2089222 Fax: 03 2081926

GP2GP – NZMC: 111141 **EDI:** goremedi
First Name: Gore **Last Name:** Medical Centre

ENROLMENT FORM

Title	Mr Mrs Ms Miss Dr	NHI	
First Name(s)		Family Name	
Other Name(s) (eg. Maiden name). Please tick the name you prefer to be known as			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Diverse (please state)
Date of birth	____ / ____ / ____ Day Month Year	Place/country of birth	
Physical Address		Postal Address	
Home phone		Day phone	
Cell phone			
Email address			

In case of Emergency - Name of person to contact:			
Relationship to you		Contact Phone No.	

Ethnicity Details 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	Community Services Card <input type="checkbox"/> Yes <input type="checkbox"/> No Day/Month/Year of Expiry _____ Card Number _____
	<input type="checkbox"/> Maori	
	<input type="checkbox"/> Samoan	High User Health Card <input type="checkbox"/> Yes <input type="checkbox"/> No Day/Month/Year of Expiry _____ Card Number _____
	<input type="checkbox"/> Cook Island Maori	
	<input type="checkbox"/> Tongan	Smoking Status Never Smoked <input type="checkbox"/> Current Smoker <input type="checkbox"/> Ex Smoker <input type="checkbox"/> Would you like help to Quit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Niuean	
<input type="checkbox"/> Chinese	National Screening Programmes: I understand that this practice participates in National Screening Programmes and that I may be enrolled in any relevant Programmes e.g. Cervical or Breast Screening, unless I chose not to: <input type="checkbox"/> Accept <input type="checkbox"/> Decline	
<input type="checkbox"/> Indian		
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan. Please state)		
<input type="checkbox"/>		
<input type="checkbox"/>		

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.		
<input type="checkbox"/> Yes, please request transfer of my records	<input type="checkbox"/> No transfer	<input type="checkbox"/> Not applicable
Doctor's name		
Address/Location		

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 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** *(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)	<input type="checkbox"/>
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	<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 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"/>
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	<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		<input type="checkbox"/> Evidence sighted <i>(Office use only)</i>

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 on-going provider of general practice / GP / health care services.

I understand that by enrolling with <<PRACTICE NAME>>] I will be included in the enrolled population of WellSouth Primary Health Network, 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 provided.

I have read and I agree with the Use of Health Information Statement. Health data may be shared with other government agencies, but only when permitted under the Privacy Act.

I understand that the practice may share my health information between healthcare providers using HealthOne, a secure system for storing electronic patient records and that all information is kept confidential and checks are in place to monitor all access.

I understand that further information on HealthOne is available from the practice on request.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Print Name:	
Signature:	Date: / /

Or Signed by AUTHORITY An Authority is the legal right to sign for another person.

Full Name:	Signature:
Relationship:	Date: / /

Office Use only:

PMS System updated: _____

Initials: _____



- **Enrolling with General Practice**
- **Enrolling with a Primary Health Organisation**
- **Health Information Privacy Statement**

Enrolling with General Practice

Gore Medical Centre (GMC) provides comprehensive primary, community-based health care to patients enrolled with GMC.

GMC 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 as required. See Information Brochure for full services.

GMC is affiliated to the Primary Health Organisation (PHO), WellSouth. Patients can be registered with GMC but not enrolled with the PHO.

Enrolling with Southern Primary Health Organisation (SPHO) - WellSouth

What is a PHO?

PHO's are the local structures for funding, or part funding, 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.

SPHOs receives a set amount of funding from the government to ensure the provision of a range of health services, including visits to the doctor. SPHO funding only covers part of the cost of receiving primary health services, therefore a co-payment may be required over and above SPHO funding. Funding is based on the people enrolled with the SPHO and their characteristics (e.g. age, gender and ethnicity).

Benefits of Enrolling

Enrolling is free and voluntary. If you choose not to enrol you can still receive health services from GMC, who is a provider of first level primary health care services. Advantages of enrolling are that your visits to the doctor will be cheaper.

How do I enrol?

To enrol, you need to complete an enrolment form at the medical centre. Parents can enrol children under 16 years of age. People over 16 years need to sign their own form.

What happens if I go to another general Practice?

It is your choice which general practice you enrol with.

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.

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 GMC in a three year period, it is likely that we will contact you and ask if you wish to remain with us. If you are not able to be contacted or do not respond, your name will be taken off the Practice and SPHO Enrolment Registers. You can re-enrol with GMC or another general practice at a later time.

How do I know if I am eligible for publicly funded health and disability services?

Talk to the practice staff, call 0800 855 151, or visit <http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-eligibilitydirectionplain> and work through the Guide to Eligibility Criteria.

Prior to accepting people for enrolment, the Gore Medical Centre must assess:

A person's eligibility to receive publicly funded health services AND

A person's entitlement to enrol and that the person wishes to use GMC as their ongoing general practice provider.

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 General Practice

If I visit another general practitioner 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 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 SPHO 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, using HealthOne, a secure system for storing electronic patient records. All information is kept confidential and checks are in place to monitor all access.

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.