



# GREENSTONE FAMILY CLINIC ENROLMENT FORM

Level 2, 157 Great South Road, Manurewa, AUCKLAND

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<b>*NHI</b>	<b>Title</b>	<b>*First Name/s</b>	<b>Middle Name/s</b>	<b>*Family Name</b>
Other Names Known By (eg. maiden name, etc). Please tick the name you prefer to be known as.		<b>*Date of Birth</b>		Day / Month / Year
<b>*Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse (please state)		<b>*Place and Country of Birth</b>	
<b>*Physical Address</b>	Street number	Name of Street		<b>*Occupation/Work:</b> Employer details: <small>(name, address, contact number/s)</small>
	Suburb		<b>*High User Health Card?</b>	YES / NO
	City/Town	Postcode		<b>Number &amp; Expiry Date:</b>
<b>Postal Address</b>			<b>*Community Services Card?</b>	YES / NO
			<b>Number &amp; Expiry Date:</b>	
<b>Contact Details</b>	Day Phone	Night Phone	Mobile No (tick box to accept texts <input type="checkbox"/> )	Email (tick box to accept emails <input type="checkbox"/> )
<b>Emergency contact</b>	<b>Name of person to contact</b>		<b>Relationship</b>	<b>Phone Number</b>

<b>*Which ethnic group do you belong to?</b> Tick the space or spaces which apply to you	<b>*Smoking Status</b>	<b>*Eligibility (see over page)</b> I confirm that, if requested, I can provide proof of my eligibility. I agree to inform the practice of any changes in my eligibility.	
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Current Smoker	<b>*Eligible under criteria</b> (enter applicable letter from list over page)	*
<input type="checkbox"/> Māori   Iwi:	<input type="checkbox"/> Ex-Smoker	I have read and agree to the Enrolment Process, the Health Information Privacy Poster/Statement (see over page), and Patient Experience Survey. (Please Tick)	*
<input type="checkbox"/> Samoan	<input type="checkbox"/> Never Smoked	NOT Eligible (Tick if not eligible under any criteria over page)	
<input type="checkbox"/> Cook Islands Maori	<b>*Transfer of Records</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> Tongan	In order to get the best care possible, I agree to the transfer of my records from my previous Doctor. I understand I will be removed from their practice register.		
<input type="checkbox"/> Niuean	<b>Doctor's Name:</b>		
<input type="checkbox"/> Chinese	<b>Address / Location:</b>		
<input type="checkbox"/> Indian	Phone/Fax:		
<input type="checkbox"/> Other such as DUTCH, JAPANESE, TOKELAUAN, FIJIAN Please state: _____			

<b>*SIGNATURE</b>	<b>*DATE</b>
	Day / Month / Year

**OR Signed by AUTHORITY<sup>11</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.

Full Name of Authority	Contact Phone Number	Relationship
Address	Signature of Authority	Day / Month / Year

Detail the basis of authority (e.g. parent of a child under 16):

**Please read this sheet and identify on your enrolment form which criteria provides your eligibility to funded health services**

**Enrolment in the Practice / Primary Health Organisation (PHO)**

**I am eligible to enrol because I live in New Zealand<sup>9</sup> and meet one of the following criteria:**

- a)** I am a New Zealand citizen **OR**
- b)** I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) **OR**
- 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 **OR**
- 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) **OR**
- e)** I am an interim visa holder<sup>10</sup> who was eligible immediately before my interim visa started **OR**
- 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 **OR**
- 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**
- 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) **OR**
- i)** I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme **OR**
- 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.

**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 / First Level primary health care services.

**I understand that by enrolling with this practice** I will be enrolled with the **Primary Health Organisation (PHO)** this practice belongs to, and my name address and other identification details will be included on both the Practice, PHO and National Enrolment Service Registers.

**I understand** that if I visit another 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, and their contact details.

**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 eligibility.

**I understand** that this practice is entitled to charge a fee for the health services it provides and that I agree to pay such costs.

**I understand** that there will be a DNA charge for non-attendance of booked appointments and I agree to pay such costs.

**HEALTH INFORMATION PRIVACY**

**I agree to the practice sharing** my health information with other health providers involved in my healthcare.

**I agree to the practice sharing** my health information with other health providers involved in my healthcare. 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 also agree to my information being used** for practice quality/audit activities and to being included in the practice screening, recall and health programmes.

**I have been informed** of the Health Information Privacy statement posters.

***I HAVE READ AND UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE.***

\_\_\_\_\_  
**Patient name & signature / Date**

<sup>9</sup> The definition residing in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

<sup>10</sup> If a person has an interim visa this means they are waiting for Immigration to finish processing an application as Immigration issues interim visas if the old visa has run out but the new visa is still being processed. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person had a two year work permit and has been issued with an interim visa while waiting for their application for another two year work permit to be processed. Immigration usually issues Interim visas in a letter form.

<sup>11</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.

IS ENGLISH YOUR PRIMARY LANGUAGE?  Yes  No If NO, please specify: \_\_\_\_\_

DO YOU REQUIRE AN INTERPRETER / TRANSLATOR?  Yes  No

### Patient History Questionnaire

The information requested in this form may be asked by the doctor during consultation.

NHI: \_\_\_\_\_

➤ **Medical History** Do you currently have, or have you ever had, any of the following. Please check (✓) all that apply.

- Arthritis  Diabetes  Hypertension  Other Conditions/Problems
- Asthma  Gout  Kidney Problems \_\_\_\_\_
- Blood/Bleeding Disorder  Gynaecologic Condition  Liver Condition \_\_\_\_\_
- Cancer  Heart Condition  Sleep Problems \_\_\_\_\_
- Convulsions/Seizures  Hepatitis  Stroke \_\_\_\_\_
- Depression  HIV/AIDS  Thyroid Disorder \_\_\_\_\_

• Are you allergic to any medications or certain foods/plants/chemicals?  Yes  No Please list below.

To medications	Reactions	Other allergies (e.g. food)	Reactions
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\_\_\_\_\_

• Are you currently on any medications/injections (including contraception)?  Yes  No Please list below.

\_\_\_\_\_

➤ **Surgical History**

List hospitalizations, surgeries, serious injuries Dates

\_\_\_\_\_

➤ **Social History** Please check (✓) all that apply.

Smoking Status	<input type="radio"/> Current Smoker	<input type="radio"/> Non-Smoker
	<input type="radio"/> Ex-smoker (more than 12 months)	<input type="radio"/> Ex-smoker (less than 12 months)
<b>Smoking affects your health and costs money. We can help you quit smoking.</b>		
<b>Tick YES if you would like support to quit.</b>		
	<input type="radio"/> Yes	<input type="radio"/> No

Alcohol consumption (1 unit = 100mls of wine / 300mls of beer / 30mls of spirits)

- |                                     |  |                                     |                                    |                 |
|-------------------------------------|--|-------------------------------------|------------------------------------|-----------------|
| <input type="radio"/> 1-2 units/day | <input type="radio"/> 3-6 units/day            | <input type="radio"/> 7-9 units/day | <input type="radio"/> >9 units/day | Type of alcohol |
| <input type="radio"/> Infrequent    | <input type="radio"/> Stopped drinking alcohol | <input type="radio"/> Never         |                                    |                 |

☞ Who is living at home with you?

☞ During the past month, have you often been bothered by feeling down, depressed, or hopeless?  Yes  No

☞ Is this something with which you would like help?  Yes  No  Yes but not today

☞ During the past month have you often been bothered by having little interest or pleasure in doing things?  Yes  No

➤ **Family Medical History** Please specify current health status / cause of death, age / age at death, medical problem/s

Family Member	Current Health Status/Cause of Death	Age / Age at Death	Medical Problem/s
Father	/	/	
Mother	/	/	
Sibling/s	/	/	
Children	/	/	
	/	/	
	/	/	

**Initial and Date:** \_\_\_\_\_

# Greenstone Family Clinic

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

## Online patient portal terms and conditions

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This website gives you secure access to your individual health information.

You can:

- Book and Cancel appointments online with the clinic
- Review filed lab results, immunisation records, upcoming/due recalls/reminders, and allergies
- Order repeat prescriptions
- Message the clinicians for medical advice
- Update your personal details at the clinic and some health information, e.g., height, weight, blood pressure
- Track your progress
- Share your health information with another health professional if you choose
- Contact you general practice team
- Download the app to your smartphone

⇒ **To access this service, all you need is internet access and your own unique email account and some form of photo ID, e.g., driver’s license, passport, student ID.**

⇒ **Before you use this service, please sign your name to show you have read and understood the information below. IMPORTANT: In an emergency, dial 111. Never use this service in the event of an emergency.**

### Making an Appointment Online

You can book a face-to-face appointment online using the Online Appointment option. A standard consultation is 15 minutes. If you need an extended consultation please book two consecutive appointments. If your request is urgent please ring the practice right away on 09 267 8702.

### Repeat Prescriptions

You are welcome to request prescription online – normal charges apply. You must allow at least one working day for this service, so phone if your request is more urgent. We will email you once your repeat prescription has been completed.

### Test Results

The patient portal is one way your general practice team will notify you of any test results; they may also phone you. You will receive an email if a test result has been entered into your health summary – just make sure you don’t switch off the automatic notification box in your inbox. One column in your health summary will include your doctor’s comments, so always check this just in case any actions are required. Your general practice team will contact you if anything is abnormal.

### Sending Secure Messages to Your Doctor or Nurse

Simple follow-up queries are free of charge, but more complex issues and/or queries not related to a recent consultation may incur a fee. Checking your lab results online is free. If have not heard back within 24 hours of sending a secure electronic message through the portal, phone the health centre and leave a message for the nurse.

### Technical Support

ManageMyHealth™ is provided by a New Zealand software company called MedTech Ltd. Medtech staff cannot access your information because it is encrypted. If you are having problems with the portal, please go to: <http://www.managemyhealth.co.nz/contactus>

We reserve the right to change or update these terms and conditions and will advise you of these changes.

**\*\* I have read and understand the above information. By activating my account I agree to the above Terms and Conditions.**

Signature: \_\_\_\_\_

**For serious problems I will call my health service centre on 09 267 8702, or dial 111 in an emergency.**

***(Each patient must have their own unique email address. A family email address cannot be used)***

Unique Email Address: \_\_\_\_\_



## Use of Health Information Requirements

The legal obligation under Rule 3 of the Health Information Privacy Code is for agencies to take 'such steps as are, in the circumstances, reasonable' to make sure a health consumer (or his/her representative) is aware of:

- The fact that the information is being collected
  - The purpose of collection
  - Intended recipients of the information
  - The agency or agencies who will be collecting and holding the information (names and addresses)
  - Any laws requiring provision of the information
  - Any consequences of not providing the information
  - Rights of access and correction under the Health Information Privacy Code.
- There is no specific requirement to obtain a signed statement from health consumers as part of Rule 3 of the Health Information Privacy Code, however it is recommended that as part of the Enrolment Process the elements of the Use of Health Information Statement are:
- Provided to the enrolling person in written or practice poster form; and
  - The enrolling person indicates on the Enrolment Form that they have read and understood the Use of Health Information Statement.

The Use of Health Information Statement has been developed by the Health Information Governance Expert Advisory Group (HIGEAG) at the request of PSAAP. HIGEAG is a group of subject matter experts from around the sector who were brought together to draft the Health Information Governance Framework. The Statement was developed with input from the National Health IT Board Consumer Panel and a number of independent consumer groups.

The Use of Health Information Statement is provided below.

### 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.



# Use of Health Information Requirements

## 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.
- 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.
- 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 holds 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.

## 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](http://www.legislation.govt.nz) to access the Health Act 1956, Official Information Act 1982 and Privacy Act 1993

The Health Information Privacy Code 1994 is available at [www.privacy.org.nz](http://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>