

# Patient Enrolment Form

University of Canterbury Health Centre  
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 Email: [admin-healthcentre@canterbury.ac.nz](mailto:admin-healthcentre@canterbury.ac.nz)



<b>Transfer of Notes: GP2GP</b> <b>EDI: studcant</b>	<b>NZMC: 29074</b> <b>Dr Tearlach Maclean</b>	<b>Student or Staff ID Number:</b>	<b>NHI Number</b> <i>(office use only)</i>
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<b>Legal Name:</b>	First Name	Middle Name	Surname
<b>Other Name(s)</b> <i>e.g. maiden name, also known as</i>		Preferred Name	Occupation:
<b>Birth Details</b>	Day / Month / Year of Birth	Place of Birth	Country of Birth
<b>Assigned Sex at Birth:</b> Male Female Intersex <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Gender:</b> Male Female Gender Diverse (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		My pronouns are:

<b>Residential Address</b> <i>or Name of Hall</i>	House (or RAPID) Number & Street Name	Suburb / Rural Location	Town / City & Postcode
<b>Postal Address</b> <i>(if different from above)</i>	House Number & Street Name or PO Box Number	Suburb / Rural Delivery	Town / City & Postcode

<b>Contact Details</b>	Mobile Phone	Home Phone	UC email address
<b>Emergency Contact</b>	Name	Relationship	Contact Number:

<b>Community Services Card</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number
<b>High User Health Card</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number

<b>Transfer of Records</b>	<b><i>In order to get the safest 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.</i></b>		
	<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		Address / Location

<b>Which ethnic group do you belong to?</b> <i>Mark the space(s) which apply to you:</i>	<input type="checkbox"/> NZ European	<input type="checkbox"/> Māori	<b>Iwi?</b>	
	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Tongan	
	<input type="checkbox"/> Niuean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	
	Other please state:			

<b>Smoking Status</b>	<input type="checkbox"/> Never smoked <input type="checkbox"/> Ex smoker	<input type="checkbox"/> Smoker <input type="checkbox"/> Vaper	If Smoker / Vaper <i>Would you like support to quit Y / N</i>
<b>Alcohol Status</b>	<input type="checkbox"/> None	<input type="checkbox"/> Within guidelines	<input type="checkbox"/> Above guidelines <i>If yes, would you like support to reduce? Y/N</i>

<b>Signatory Details</b>	Signature	Day / Month / Year
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## My declaration of entitlement and eligibility

**I intend to use this practice** as my regular and on-going of general practice / GP / health care services

**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 <b>I confirm that, if requested, I can provide proof of my eligibility below</b> )	
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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 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 a 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 clause 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 Assistance 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	
<b>I can confirm that, if requested, I can provide proof of my eligibility</b>		<input type="checkbox"/> Evidence sighted (Office use only)

## My agreement to the enrolment process

- **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 University of Canterbury Health Centre will be included in the enrolled population of Christchurch PHO, 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 Christchurch PHO provides, along with the PHO's name and contact details.
- **I agree to inform** the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.
- **I understand** that under the privacy laws my doctor may pass information on to other health organisations to be used in a non-identifiable manner for health statistics.
- **I understand** that for funding purposes my doctor is required to provide some identifiable information to other health organisations such as Christchurch PHO or its contracted agents.
- **I understand** that my information may be used to include me in health screening programs.
- **I understand** that If I need emergency or after-hours care, relevant medical information in my file may be accessed by external authorised people.
- **I understand** that details of the practices policy regarding privacy and confidentiality can be found on the practice website [Privacy and confidentiality | UC](#) or notices in clinic.
- **I have been given a copy** of the Health Information Privacy Statement to read and am aware that I can contact the practice to clarify any issues that I do not fully understand. The information that 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 UC Health Centre may use the following methods to contact me: mobile/text/landline/email/letter
- **I understand** that UC Health Centre 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 understand** that I am only entitled to be enrolled at the UC Health Centre whilst enrolled as a current student of a current employee at University of Canterbury.
- **I understand** that late cancellation fees for Counselling appointments and Did Not Attend fees will apply for ALL missed appointments.

<b>Signatory Details</b>	Signature	Day / Month / Year
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# 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 2020.

## **Your rights of access and correction**

Under rules 6 and 7 of the Health Information Privacy Code, you have the right to request access to the health information this practice holds about you, and request correction of that information, if you believe it to be inaccurate.

## **What Patient Enrolment Information Do We Collect?**

We collect personal details (name, address, NHI number) and health information (medical history, results, and notes) to provide you with safe and effective medical care.

## **What Information is collected from Other Sources?**

To ensure your clinical safety, we often need a complete picture of your health. We are required to notify you if we collect information about you from someone else. We may collect your data from:

- **Previous GP Practices:** To transfer your medical records when you enrol.
- **Hospitals & Specialists:** e.g. receipt of correspondence from emergency departments, after-hours providers, specialist services, allied health providers or other secondary and community care providers – including discharge summaries, outpatient or specialist letters
- **National Databases:** Such as the National Immunisation Register (NIR)
- **From other health providers and shared health records:**
  - Receipt of laboratory, radiology or other results
  - Accessing authorised national or regional health information systems to support your care by checking your medical history, laboratory or radiology results and current prescribing
  - Proactively contacting a hospital or specialist service to follow up on a referral or seek advice or an update on your care, where that contact results in information about you being shared with us
  - Receipt of letters from screening programmes (such as bowel, breast or cervical screening), including results, or notifications regarding attendance or non-attendance
- **From non-health agencies and organisations:**
  - Contact from or correspondence with Police, legal representatives, Oranga Tamariki, insurance companies, Ministry of Social Development (Work and Income New Zealand) and the Accident Compensation Corporation
  - Receipt of correspondence from employers, regarding, for example, fitness to work
  - Information from the New Zealand Police regarding firearms licences

## **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 Primary Health Organisation (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

### **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 Health New Zealand, or a 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.

### **Sharing with Other Sources/Third parties**

To ensure the accuracy of our records and to manage Government health funding effectively, we work with authorised third-party data specialists.

- **What they do:** These agencies assist us with securely processing your enrolment information, validating NHI details, and managing clinical data for health screening and immunisation programmes.
- **Data Security:** Your information is held on our behalf by these providers under strict confidentiality agreements. They are legally required to provide the same level of privacy protection as our practice and cannot use your data for their own purposes.
- **Audit & Quality:** These partners may also facilitate clinical audits or financial checks required by Health New Zealand to ensure the services we provide meet national standards.

## **Complaints**

If you make a complaint about the care or services we provide, we may disclose relevant health information to our insurers, indemnity providers, or legal advisers for the purpose of managing and responding to the complaint.

### **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.

## **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.