

International Student Registration Form

Student ID # _____ Month/Year arrived in NZ for study: _____

UC Email address: _____ Have you been to a NZ hospital, OR Y N

_____ Seen another Dr whilst in NZ? Y N

Family Name: _____ Given name(s): _____

Date of birth: _____

Assigned sex at Birth: ☐ Male ☐ Female ☐ Intersex

Gender: ☐ Male ☐ Female ☐ Gender Diverse (please specify) _____

My pronouns are: _____

Place & Country of Birth: _____

Name of Insurance Company: Allianz (Student Safe (please specify) _____

Residential Address (requires a street or Rapid address number, not Rd, PO Box or Private Bag)

Number and street name: _____

Suburb: _____

City: _____

NZ Mobile ph number: _____

Ethnicity please fill up to 2 choices to show which ethnic group(s) you identify with:

Choice 1: _____

Choice 2: _____

SMOKING STATUS (please circle) Never smoked Ceased (when?) Smoker (how many)

VAPE ONLY? (please circle): Yes / No

In case of Emergency: details of person to contact (name, relationship, NZ contact address & phone) ie: friend, flatmate, programme advisor: _____

Please be advised that we may use the following methods to contact you: text, mobile, email, letter

I authorise Health Centre personnel to access UoC Student Management System to confirm my demographic details and enrolment status.

- I understand that under the **privacy laws** my doctor may pass information to other health organisations to be used in a non-identifiable manner for health statistics. For funding purposes my doctor may be required to provide some identifiable information to other health organisations.
- I understand that my information may be used to include me in screening programmes. I retain the right to access and request correction of any information held by the practice.
- Details of my health status or treatment will remain confidential to the clinic unless I give specific and separate consent for this to be communicated. For details of the practice policy regarding privacy and confidentiality, please check the Health Centre website or notices in the clinic.
- We recommend contacting the clinic about tests results (one week) and specialist referrals (two months) to ensure they have not gone astray.

Signature: Date:

Health Information Privacy Statement (Casual Patient)

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.

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
- 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

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 a 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 Te Whatu Ora (Health New Zealand), Te Whatu Ora Waitaha 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.

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.