

Health Centre University of Canterbury

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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)

VAPER (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.

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.

