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|  | **ENROLMENT FORM**  **TIAKINA TE ORA** | Corner Queen & East Streets  Papakura 2110  Ph: 092980778 Fax: 092980779  www.tiakinateora.co.nz |

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| **Fields marked with an** \* **are compulsory** | **GP2GP Preferred**  **EDI:tkteora** | Dr Jacqueline Allan NZMC: 12483  Dr Dominic Smith NZMC: 79017  Dr Ranche Johnson NZMC: 18146 | \*NHI *(Office use only)* |
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| **Name** |  |  | | |  |  |
| (Title) | \*Given Name | | | \* Other Given Name(s)) | \* Family Name |
| **Birth Details** | |  | | |  |  |
| \* Day / Month / Year of Birth | | | \*Place of Birth | \*Country of birth |
| **Gender** | |  |  |  | |  |
| \*Male | \*Female | \*Gender diverse (please state) | |

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| **Usual Residential Address** |  |  |  |
| \*House (or RAPID) Number and Street Name | \*Suburb/Rural Location | \*Town / City and Postcode |
| **Postal Address**  (if different from above) |  |  |  |
| House Number and Street Name or PO Box Number | Suburb/Rural Delivery | Town / City and Postcode |

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| **Contact Details** |  |  |  | |
| Mobile Phone | Home Phone | Email Address | |
| **Do you consent to the practice sending TEXT messages for the purpose of recalls, surveys & updating your details?** | | | | 🞎 Yes 🞎 No |
| **Do you consent to the practice sending EMAILS for the purpose of recalls, surveys & updating your details?** | | | | 🞎 Yes 🞎 No |
| **Emergency Contact** |  | |  |  |
| Name | | Relationship | Mobile (or other) Phone |

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| **Transfer of Records** I agree To Tiakina Te Ora obtaining my records from my previous doctor, which will mean I will be removed from their practice register. | | |
|  Yes, please request transfer |  Not applicable |  |
| Signature |
|  | |  |
| Previous Doctor and/or Practice Name and Address | | Date |

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| **Occupation** | Company Name | Occupation |
| Company Address | Work Phone |

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| \***Ethnicity Details**  Which ethnic group(s) do you belong to?  ***Tick the space or spaces which apply to you*** | New Zealand European  Maori  Samoan  Cook Island Maori  Tongan  Niuean  Chinese  Indian  Other (such as Dutch, Japanese, Tokelauan). Please state | **Iwi:**  **Hapu:** | |
| **Community Services Card Number** | *Expiry Date* |
|  | **High User Health Card Number** | *Expiry Date* |
| **Smoking status (if over 15)**  🞎 Never smoked 🞎 Ex-smoker - 🞎 Greater than 15months  🞎 less than 12 months 🞎 Current smoker | |
| **If you are a current smoker or have recently quit, we would like to help you stop to improve your health. Would you like help to stop/stay an ex-smoker?**  🞎 Would you like support to quit? 🞎 Yes 🞎 No | |

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| **My declaration of entitlement and eligibility** |

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| **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 a resident in New Zealand for at least 183 days in the next 12 months* |

**I am eligible to enrol** because:

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| a: | **I am a New Zealand citizen** *(If yes, tick box and proceed to* ***I confirm that 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:

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| --- | --- | --- |
| 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 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 clauses 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 Assistantship 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 |  |

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| **I confirm** that I can provide proof of my eligibility |  | Evidence sighted (*Office use only*) |
| My work/student/visitor/other visa is valid for a period of | Year(s): Expiry Date: | |

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| **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 Tiakina Te Ora I will be included in the enrolled population of National Hauora Coalition 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 PHO provides along with the PHO’s name and contact details.

**I have read and I agree** with the Use of Health Information Statement. 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 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 contact details and entitlement and/or eligibility to be enrolled.

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| **Signatory Details** |  |  |  |  |
| Signature | Day / Month / Year | Self Signing | Authority |

***An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.***

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| **Authority Details**  *(where signatory is not the enrolling person)* |  |  |  |
| Full Name | Relationship | Contact Phone |
|  | | |
| Basis of authority (e.g. parent of a child under 16 years of age) | | |

Primary Health Services Provider Enrolment Form

Last Updated July 2022

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| **Tiakina Te Ora**  **Terms of Trade** |

**I acknowledge** that: Payment at the time of consultation is expected as we do not offer accounts.

If it is necessary to issue an invoice for unpaid services you will have 7 days to pay in full. This may occur if you have left the practice without paying, requested a faxed prescription by phone or someone collects a prescription on your behalf. You may also tell us that you cannot pay today but will do so within a few days.

If the account remains unpaid after 7 days a $10.00 Unpaid Administration Fee will be added and we will post you an account if we have a current address on file.

If after another 14 days the account remains unpaid a further $10.00 Unpaid Administration Fee will be added and a further account posted to you.

After a further 7 days a final reminder will then be sent to you via post with a final demand to pay your account within 7 days or risk debt collection and disenrollment from our service. We will not add an unpaid admin fee at this point.

After a further 7 days, over a month will have elapsed and if you have made no effort to clear your account it will be handed to a Debt Collection Agency and you will incur another $25.00 fee for Debt Transfer Preparation. You will receive a final notification that we have taken this action. At this point you and your family will be dis-enrolled from our services and this will be notified in the letter we post you.

**Please note: All debts transferred for collection will then incur the Agency Costs which will start at $50.00.**

It is your choice to accept our fees structure but you must also accept our terms of trade and commit to paying your invoices on the day we extend service to you and your family.

*If you know that you are or might be facing financial hardship please speak to us before you incur a debt and we will negotiate an acceptable payment plan with you that could be as low as $5.00 per week depending on your health needs and financial situation.*

*We can also recommend lower priced Medical Services that are available in the local vicinity if you cannot afford our Fees.*

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| **Signatory Details** |  |  |
| Signature | Day / Month / Year |

**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 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 obtain subsidised funding on my behalf
* Sent to the 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
* 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 (eg. Breast Screening, Immunisation, Diabetes) may be sent to the PHO or the external health agency managing this programme.

**Others 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, 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.

**Enrolling with General Practice**

General practice provides comprehensive primary, community-based, and continuing patient-centred health care to patients enrolled with them and others who consult. General practice 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.

Most general practice provides are affiliated to a PHO. The fund-holding role of PHO’s allows an extended range of services to be provided across the collective of providers with a PHO.

**Enrolling with a Primary Health Organisation (PHO)**

**What is a PHO?**

Primary Health Organisation are the local structures for delivering and co-ordinating primary health care services. PHO’s 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.

PHO’s receive a set amount of funding from the government to ensure the provision of a range of health services, including visits to the doctor. Funding is based on the people enrolled with the PHO and their characteristics (eg, age, gender, ethnicity). Funding also pays for services that help people stay healthy and services that reach out to groups in the community who are missing out on health services or who have poor health.

**Benefits of Enrolling**

Enrolling is free and voluntary. If you choose not to enrol you can still receive health services from a chose GP/general practice/provider of First Level primary health care services. Advantages of enrolling are that your visit to the doctor will be cheaper and you will have direct access to a range of services linked to the PHO.

**How do I enrol?**

To enrol, you need to complete an Enrolment form at the general practice of your choice. Parents can enrol children under 16 years of age, but children over 16 years need to sign their own form.

**Q & A**

**What happens if I go to another General Practice?**

You can go to another general practice or change to a new general practice at any time. 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. So if you have more than one general practice you should consider enrolling with the practice you visit most often.

**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 your general practice in a 3 year period it is likely that the practice will contact you and ask if you wish to remain with the practice. If you are not able to be contacted or do no respond your name will be taken off the Practice and PHO Enrolment Registers. You can re-enrol with the same general practice or another general practice and the affiliated PHO at a later time.

**How do I know if I’m eligible for publicly funded health and disability services?**

Talk to the practice staff, call 0800 855 151, or visit <http://www.moh.govt.nz/eligibility> and work through

the Guide to Eligibility Criteria.

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| **Tiakina Te Ora**  **Patient Information Sheet** |

**Opening Hours:** Monday – Friday; 8 am – 6 pm (the last booked appointment is 5.15 pm)

**Doctors:** Dr Jacqueline Allan Dr Dominic Smith Dr Ranche Johnson

**New Patients** It is our policy that patients see our nurse first so medical history can be taken, then an extended consultation with the doctor. Payment is required on the day. Please allow 1 hour for your first visit.

**Test Results** If we request that you have blood tests, it is our policy to only notify you if there are any abnormal results.

However, you are welcome to telephone our nurse to check your results after 3 days of having the test done.

**Repeat Prescriptions** Under some circumstances you may be able to request a repeat prescription. At minimum you must have had the medication prescribed by one of our doctors initially. You must also have been seen by our doctor within the last 12 months. Please do not be offended if we advise you that you must come in for a consultation, as we are putting your health and wellbeing first. We require at least 24 hours notice. Repeat prescriptions cannot be done for children as it is important that we check on their medical progress if they are requiring more medication.

**Sick Babies and Young Children:** It is our policy that sick babies and young children under 5 do not always require an appointment, if you think they need to be seen urgently phone us and tell us you are bringing them in so we can be ready for them.

**We are a member of the National Hauora Coalition (NHC) – Primary Health Organisation (PHO)**.

We can pass on partial health subsidies to our enrolled patients.

We offer 15 minute Telephone consultations and 15 minute in Practice consultations.

**Fee Structure**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | | | **0-13 y** | **14-17 y** | **18-24 y** | **25-44 y** | **45-64 y** | **65y** |
| **General Medical Consultation**  **Enrolled Patient:** | | | | | | | | |
| **Telephone**  **In Practice**  **Extended In Practice Consult**  **Extended Telephone Consult** | 15 min  15 min  30 min  30 min |  | N/C  N/C  N/C  N/C | $26.00  $38.00  $57.00  $39.00 | $36.00  $52.00  $78.00  $54.00 | $44.00  $59.00  $89.00  $66.00 | $42.00  $57.00  $89.00  $63.00 | $36.00  $49.00  $74.00  $54.00 |
| **Home Visit** | | | We will provide you with a quote on enquiry | | | | | |
| **Nurse Consultation** | | | N/C | $28.00 | **$28.00** | $28.00 | **$28.00** | $28.00 |
|  | | |  |  |  |  |  |  |
| **Casual Patient Fees** | | | N/C | $100.00 | **$100.00** | $100.00 | **$100.00** | $100.00 |
| **ACC Consultation (15 minutes allocated)** | | | | | | | | |
| **GP including nurse first visit** | | | N/ C | $32.00 | **$42.00** | $42.00 | **$42.00** | $42.00 |
| **Nurse only follow up** | | | N/C | $18.00 | **$18.00** | $18.00 | **$18.00** | $18.00 |
| **Referral Letter**  **Drivers Licence Medical**  **Surgery** | | | $20.00  $70.00  We will provide you with a quote on enquiry | | | | | |
| **Repeat Prescriptions**  **Other Paperwork**    **ECG** | | | $22.00 Electrically sent to the pharmacy  $22.00  $60.00 | | | | | |
| **For any other services and procedures please enquire**  **After Hours Care** is provided by East Care; 260 Botany Road, Howick. Phone: 277 1615.  This service is open 7am – 11pm, 7 days per week including public holidays. Out of hours charges do apply. | | | | | | | | |