

Queenstown Medical Centre Ltd (QMC)

PHO ENROLMENT FORM

Welcome to QMC

You need to complete this enrolment form and provide us with the eligibility documentation required by Ministry of Health. Please check on their website to see what you need to bring or ask one of our reception team.

<https://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/resources-service-providers-check-eligibility/eligibility-checklist>

Unfortunately your enrolment form can only be accepted by handing to one of our reception team at any of our 3 practices. This can take up to 48 hours to be processed and be included in the National Enrolment System for our practice.

By enrolling at least 48 hours before your first appointment you can access the reduced fee otherwise your consultation will be charged at the non-subsidised rate.

- **9 Isle Street, Queenstown**
- **Berkshire Street, Arrowtown**
- **Level 1, 12 Hawthorne Drive, Remarkables Park Shopping Centre**

On your enrolment an appointment will be made for you to meet with a nurse or health care assistant before your first consultation with a clinician. This 15 minute appointment is at no charge to you and will ensure we have all your medical and family history to start you on your healthcare journey with QMC to support you toward better health.

ENROLMENT FORM

*** Compulsory Fields**

GP2GP
EDI

DR SONJA SPARROW
queens

NZMC 16759

NHI (Office use only)

*Name	Title	Given Name	Other Given Name(s)	Family Name
	Other Name(s) Maiden/Previous name		Name you prefer to be known as	
*Birth Details		Day / Month / Year of Birth	City of Birth	Country of birth
*Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse/identity (please state)	Religion : (Optional)

*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

*Contact Details	Email Address	Home Phone	Mobile Phone
	*Emergency Contact	Name	Relationship Mobile (or other) Phone

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

*Employment	Occupation	Employer
	Employers Address	

*Ethnicity Details Which ethnic group(s) do you belong to? Tick the space or spaces which apply to you	<input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Tongan	<input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other (such as Hispanic, Japanese, Tokelauan). Please state _____

I consent to receiving health check reminders, requests, invitations and notifications (e.g. immunisation and smear reminders) to participate in health programmes relating to my on-going health care by Text Messaging (SMS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Transfer of Records	<i>In order to get the best 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>	
	Please request transfer of my records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	Previous Doctor and/or Practice Name	Address / Location / Fax

Please note Enrolment Period

Three years is the maximum period of time an Enrolled Person residing in New Zealand can remain enrolled with a health provider without a consultation or confirmation of enrolment received.

For Further detail please refer to Clause 7 in the link below.

<https://tas.health.nz/assets/Primary-psaap-u14/Enrolment-Requirements-for-Contracted-Providers-and-PHOs-Version-4.1.pdf>

Office Use : Entered _____ Faxed _____ NHI _____ Chart# _____ Checked _____ Visa Alert _____ NES _____ FNF _____

*My declaration of entitlement and eligibility

***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 <i>(If yes, tick box and proceed to "k")</i>	<input type="checkbox"/>
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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)	<input type="checkbox"/>
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	<input type="checkbox"/>
d	I have a continuous work visa/permit and that shows I have or will be in New Zealand for at least 2 years (previous permits included) (refer Ministry of Health website for further details)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
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	<input type="checkbox"/>
k	*I confirm that, I can provide proof of my eligibility Evidence provided (<i>Office use only</i>) _____	<input type="checkbox"/>

*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 QMC I will be included in the enrolled population of WellSouth Primary Health Network, 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 understand that the practice may share my health information between healthcare providers using HealthOne, a secure system for storing electronic patient records and that all information is kept confidential and checks are in place to monitor all access.

I understand that further information on HealthOne is available from the practice on request.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

Signatory Details	Signature	Day / Month / Year	<input type="checkbox"/> Self Signing	<input type="checkbox"/> Authority
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An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

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

QUEENSTOWN MEDICAL CENTRE LTD
PATIENT MEDICAL HISTORY

Name:

DOB:

NHI:

The government requires your PHO to hold your medical records including some specific medical information;

1. Are you allergic to anything, especially any drugs/medications? YES/ NO

If yes, to what?

2. Do you drink alcohol? Never Yes. How many drinks* per average week? _____

(*one drink of alcohol is typically one can of beer at 4% (330ml can), or 100ml table wine at 12.5% or one 30ml shot of spirit)

3. Have you ever smoked? Never Smoked Smoker Trying to give up Ex-Smoker

How many per day do you / did you smoke? 1-9 10-19 20+

Would you like help with quitting? Yes No

What year did you start smoking? What year did you stop smoking?

Is there any other information that you would like us to know?

.....

4. Please list any major illnesses / operations / diagnoses you have had:

.....
.....

5. Do you have any family history of: Which relation of yours? How old were they at? onset of disease

Diabetes No / Yes _____

Heart Disease No / Yes _____

Stroke No / Yes _____

Bowel Cancer No / Yes _____

6. Females only: What year did you have your most recent cervical smear? _____

Where did you have your last cervical smear (city/country)? _____

Was your most recent cervical smear result? normal / abnormal / not sure (please circle one)

Have you ever had an **abnormal** cervical smear? Yes / No if yes, what year? _____

Patient Signature : Date:

If you have included children 15 years and under on your enrolment, a separate medical history will be required (please ask reception)

HEALTH INFORMATION PRIVACY STATEMENT
(Patient copy)

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, outside of QMC, 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 outside of QMC, 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 (NHI) number, or update any changes)
- 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 (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 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
- 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.

Health Information to Private Insurers

I understand that where the cost of service(s) provided by my doctor and/or nurse have been or will be claimed from a private health insurer that QMC may be required to provide the insurer with details of the consultation(s) and/or procedure(s) relating to the claim(s) if so requested by the insurer. I hereby consent to QMC providing this information to such private health insurers.

E-mail/Text Messaging

By agreeing to receive emails or text messages for requests, invitations and notifications and to participate in health programmes relating to your on-going health care, QMC will not, without your express instruction email or text any results information. By consenting to us emailing or texting any information, you accept full responsibility for logical and physical security of your email and text system and for notifying us of changes to your email address or mobile phone numbers. Consequently QMC disclaim any responsibility or liability and you agree to indemnify us for unauthorised access to your email or text messages or unauthorised viewing of information sent by us. By signing this enrolment form you are acknowledging your responsibilities.

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.

Terms of Trade

- 1 Our standard consultation fees are available upon request. Our fees take into account the following factors:
 - a) the time spent;
 - b) the complexity of treatment;
 - c) the costs of running a medical practice; and
 - d) the funding available from the government, public agencies, and other sources.
- 2 We require payment of our fees immediately after your consultation or services provided.
- 3 If payment is not made immediately, we will invoice you and will charge you an administration fee for doing so. Your account may be sent to a debt collection agency if not fully paid within 30 days. We may also:
 - a) charge you interest at our bank's overdraft lending rate calculated on a daily basis from the date of your consultation until payment; and / or
 - b) charge you the cost of recovery of the outstanding fees and interest including our legal costs on a solicitor/client basis, any Court costs and disbursements, service or collection fees; and / or
 - c) decline to provide you with further medical services.
- 4 In this document:
 - a) "You" means any patient of QMC;
 - b) "We", "Us" and "Our" means QMC

You authorise us to:

- a) make enquiries with any previous medical practitioners and health professionals you may have engaged regarding your medical history and you authorise disclosure by those people to us; and
- b) make enquiries with from time to time with credit agencies regarding your credit history and to release information from time to time to the extent where necessary for the purpose of making such enquiries (and you authorise disclosure by those agencies to us); and
- c) disclose any information about you for the purpose of instructing other persons including a debt collecting agency to recover any outstanding fees from you; and
- d) send you information about how we may assist you by providing other medical or health services to you.

You acknowledge that:

- a) All services may attract a fee; and
- b) you remain liable for all fees, costs and disbursements (e.g. Laboratory testing) charged by us for the services provided notwithstanding that these may be recoverable by us from a third party (e.g. insurance providers)

ONLINE PATIENT PORTAL TERMS AND CONDITIONS

ManagementMyHealth™ gives you secure access to your individual health information. You can:

- Make an appointment **
- Update your personal details **
- Request a prescription from your long-term medications **
- Check your laboratory results, immunisation records and allergies **
- Access your medical records ++
- Share your health information with another health professional if you choose ++
- Contact your general practice team ++

** Available from 1st June, 2019. ++ Planned to be available from 1st December, 2019

Before you use this service, you must read the terms and conditions and agree to these by signing at which time your account will be activated. If you do not understand please seek advice on the implications of use.

IMPORTANT: Never use this service in the event of an EMERGENCY, dial 111.

Making an appointment online

You can book a face-to-face appointment online using the Online Appointments. All consultations incur a charge and are to be paid on the day of the appointment. If you feel you need to be seen on the same day this can be arranged by calling the practice and our staff will arrange for one of our regular Doctors or Nurse Practitioner to call you back for telephone triage assessment. When booking on-line a standard consultation is 15 minutes. If you require a longer appointment, please book two consecutive time slots (please note an extended consultation fee is applicable). If you are not sure how long your consultation should be or you require a special procedure, call the practice to arrange.

Failure to attend an appointment or cancellation within 24 hours of the confirmed time will incur a fee. Please refer to our Did Not Attend policy.

Repeat prescriptions

You are welcome to request a repeat prescription online by selecting the items you wish to have repeated. As per our policy, you must allow at least two working days for this service. If you would like to have this faxed, please indicate which pharmacy you wish to have your script sent to. Scripts sent to pharmacies outside of the Wakatipu Basin will incur an additional cost.

Your clinician will email you once he/she has completed the repeat prescription for you. Should you require an urgent script, please call the practice (higher fees apply)

Standard charges apply and payment is to be made at the time of collection.

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 - make sure you leave the automatic notification on in your inbox.

One column in your health summary will include a comment, so always check this just in case any actions are required. As per our results policy you will be contacted by your general practice team if results are abnormal and follow up arranged if it has not already been scheduled.

Health Information

Other information available to you are immunisation records, allergies and other classifications. If you see incorrect information in the Health Summary, please contact the practice and we may amend your details if appropriate.

You will also have the ability to view most of your consultation notes dated after 1st December, 2019, when this function will be activated. You can check on any instructions or advice that you have been given by your GP or see changes to your medication doses and plans for ongoing treatment. Please note that some clinicians write their notes in full at the time of the consultation, but others make brief notes or headings and write them up later on in the day. It is best to access your notes 24 hours after your consultation. Our 15-minute consultation includes time for note taking but not for completion of all tasks, research and actions arising. These have to be completed outside the consultation. Many of our clinicians will do this in their own time.

Please be aware that medical records cannot be a verbatim account and use medical jargon and abbreviations and that some terms have different meanings to the lay person. Medical notes are often brief and condensed to points that thought to be most clinically relevant. If you have questions about what has been written please do not hesitate to ask at your next consultation. Legally changes to existing notes are not allowed, however an amendment can be added at a later date

Sending secure messages through the portal

Simple follow-up queries are free of charge, but more complex issues and/or queries not related to a recent consultation can incur a fee. Please note this is a non-urgent service. The advice provided by your clinician is limited by the information you provide and the information we already have in our records. If your request is too complex you will be asked to make an appointment for a consultation and/or pay a fee for the service. This is at the sole discretion of the clinician and the charge is dependent on the time taken. By agreeing to use this service you agree to pay the associated fee (if applicable) within 7 days.

Please note, if have not heard back from the practice within three (3) working days (72 hours) of sending a secure electronic message through the portal, phone the medical centre and speak to a one of your team.

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:

<https://www.managemyhealth.co.nz/m/Misc/ContactUs>

- **I have read and understand the above information. By activating my account I agree to the above Terms and conditions. For serious or problems or urgent care I will call my health centre on 03 4410500, or dial 111 in an emergency.**
- **I am aware that misuse of this service will result in suspension of my ManageMyHealth™ account.**
- **I have provided photo ID to confirm I am the patient as mentioned below.**
- **I also acknowledge that to ensure the security and privacy of my health information, I must not share my password with anyone.**

Name of patient: _____

Signed: _____ Date: _____

Name of signatory (if different to patient name): _____ Relationship _____

Email login for ManageMyHealth™ : _____

Each patient, regardless of age, must have their own unique email address to ensure privacy of content. A family email address cannot be used.

Parental/Legal Guardian access to a child's medical records is restricted to children under 14 years of age. Each child must have their own email address to activate the portal.

As the assigned parent/legal guardian, I acknowledge it is my responsibility to deactivate all parental access to the patient portal when they turn 14. I will assign all rights to the said child.

Practice use only:

ID Checked Email address entered activation code NHI _____