

Torbay Medical Centre	<h1>ENROLMENT FORM</h1>		 <small>An association with</small> 
	1042 Beach Road, Torbay, Auckland, 0630		
	P: 09 477 9000	PO Box 89-146	
	E: admin@torbaymedical.co.nz Torbay EDI: torbay Auckland		

GP2GP: torbay			NHI (Office use only)
Dr Clare Dudding #15866	Dr David Thompson #12199	Dr Jesse Joung #40828	
Dr Michael Leong #44991	Dr Rebecca Higgins #59377	Dr Sunee Kim #49723	
Dr Padmaja Rayudu #38006	Dr Jennifer Irvine #21559	Dr David Lim #64582	

Legal Name <small>(Title)</small>	Given Name	Middle Name(s)	Family Name
Other Name(s) <small>(e.g., maiden name /preferred name)</small>	Preferred Name	Maiden Name	
Birth Details	Day / Month / Year of Birth	Place of Birth	Country of birth
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse (please state)
Occupation			

Contact details	Email Address	Mobile Phone	Home Phone
Usual Residential Address	House Number and Street Name	Suburb/Rural Location	Town / City and Postcode
Postal Address <small>(If different from above)</small>	House Number and Street Name or PO Box Number	Suburb/Rural Delivery	Town / City and Postcode

Community Services Card?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Card Number:	Day / Month / Year of expiry
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Transfer of Records	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, as I am only able to be enrolled at 1 practice at a time in NZ		
	<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

Smoking status (if over 15) Never smoked <input type="checkbox"/> Ex-smoker <input type="checkbox"/> - Greater than 15months <input type="checkbox"/> less than 12 months <input type="checkbox"/> Current smoker <input type="checkbox"/> Would you like support to quit? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> I authorise Torbay Medical Centre to contact me via text message <input type="checkbox"/> I authorise Torbay Medical Centre to contact me via email (non-secure)
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Ethnicity Details Fill out and tick the space or spaces which apply to your ethnic group	<input type="radio"/> New Zealand European <input type="radio"/> Maori <input type="radio"/> Samoan <input type="radio"/> Cook Island Maori <input type="radio"/> Tongan <input type="radio"/> Indian <input type="radio"/> Chinese <input type="radio"/> Other Asian (e.g., Korean) <input type="radio"/> Other – (such as Dutch or Tokelauan) Please State	Emergency Contact Details <small>(Next of Kin)</small>	Do you wish to sign up for Manage My Health?
IWI		Full Name	This online portal allows you to book appointments online, order repeat prescriptions, direct message the clinic, and see test results.
Primary Language Spoken		Mobile/Day Phone	YES NO
		Relationship	<input type="checkbox"/> <input type="checkbox"/>

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** (if yes, tick box and proceed to I confirm that, if requested, 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:

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 work visa/permit and can show that I am able to be in New Zealand for at least 2 years (previous permits included)	<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"/>

I confirm that, if requested, I can provide proof of my eligibility

☐

Evidence sighted (Office use only)

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 Torbay Medical Centre, I will be included in the enrolled population of Comprehensive Care and my name and 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 or informed 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.

Signatory Details			<input type="checkbox"/>	<input type="checkbox"/>
	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.

Authority Details (Where signatory is not the enrolling person)	Full Name	Relationship	Contact Phone
	Basis of authority (eg: a parent of a child under 16 years of age).		

NAME: _____

D.O.B _____

Assess YOUR Risk Factors for Chronic Disease

1. Do you have any, or have had any of the following medical problems or is there a family history of the following:

Medical Problem	Self	Family
Diabetes (Type: 1 <input type="checkbox"/> or 2 <input type="checkbox"/> or Pre-diabetes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
High blood pressure	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Heart disease or problems	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Heart attack (>60yrs <input type="checkbox"/> or <60yrs <input type="checkbox"/>) or Angina <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Other lung or respiratory disease/problem	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Kidney disease or problem	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Liver disease or problem	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Bowel disease or problem	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Joint disease or problem	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Depression and/or anxiety	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Other mental health illnesses	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Medical Problem	Self	Family
Blood clot	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Stroke <input type="checkbox"/> or TIA <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
High cholesterol	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Migraine	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Breast Cancer	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Other cancer	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Glaucoma	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Rheumatic Fever	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Tuberculosis (TB)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Eczema	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Hay fever	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

2. Do you have any other **health, disability problems or inherited conditions?** - please list

3. Please list all **regular medications** that you take:

4. Have you had any **operations** (including broken bones or hospital admissions)? - please list and date

5. Are you allergic to any **medications?** - please list

6. Do you **smoke?** No ☐ Yes ☐ - How many per day: _____Would you like help quitting? No ☐ Yes ☐Have you **ever** smoked? No ☐ Yes ☐

If yes - How many per day, how long for, and when did you quit _____

7. Do you drink **alcohol?** No ☐ Yes ☐ - How many per week: _____ Type: _____

(1 unit = 1 small glass wine, 300mL beer, 30ml (nip) spirit)

8. Do you have any **substance abuse** problems? No ☐ Yes ☐9. **Women** (those over 20yrs & sexually active):

When was your most recent cervical smear? _____

Have you ever had an abnormal smear? No ☐ Yes ☐ Don't know ☐Have you had a mammogram (those over 40yrs)? No ☐ Yes ☐ Don't know ☐Have you ever had diabetes during a pregnancy? No ☐ Yes ☐ Don't know ☐Have you ever had a baby weighing more than 9lbs/4kgs? No ☐ Yes ☐ - _____ kgs/lbs10. When was your last **Tetanus** booster? _____11. Are your childhood **immunisations** up to date? No ☐ Yes ☐ Don't know ☐



DEBT COLLECTION POLICY

The following is our debt collection policy:

"We pride ourselves on giving the best possible general medical care available, but in order to do that and keep our charges at a reasonable level, we would like you to be aware of our policy with regard to non-payment of your account. This is as follows:

- Payment of your consultation is expected on the day of consultation.
- When payment is not made immediately, accounts must be paid before the end of the calendar month. If payment is not made by that time, an administration fee of \$5 will be added.
- Credit extending beyond one month must be arranged with the Practice Manager or the Doctor concerned, and alternative arrangements made for payment.
- All accounts extending past the 90 day due period will be referred to a debt collection agency (unless credit arrangements have been made) and the costs associated with this will be added to the patient's account for payment.
- Non attendance of confirmed appointments will incur a charge.
- Torbay Medical Centre reserves the right to vary this policy as it sees fit.

If you should have any queries regarding this policy, please do not hesitate to contact us.

We would appreciate your signature at the bottom of this form acknowledging that you have read this policy and understand the implications of non-payment.

I acknowledge that I have read the above policy and agree to abide by these terms of payment.

Name: _____

Date: _____

Signature: _____



PATIENT INFORMATION

TMC would like to inform all our patients that communications of any medical concerns must be through booked appointments or via the nurses only.

We do not support contacting our doctors outside booked appointments via phone, text messaging and messengers of any kind, or in social settings. However, non-urgent messages via our 'Manage My Health' system is promoted.

It is vital for professionalism, sustainability of the patient-doctor relationship and our confidentiality policy that we keep these boundaries very clear.

환자분과 담당의와의 바람직한 관계 유지 및 개인정보유지를 위해, 본 병원의 방문자 사전 등록 절차와 뉴질랜드 의료규정에 대해 알려드리고자 합니다.

본 병원은 NZ Medical Council 의 방침 아래, 사전 예약 상담 시간 외에, 환자분이 개인적으로 담당의에게 연락 하는 것을 금하고 있습니다.

이는 병원의 상담시간 밖의 개인적인 전화, 문자 메세지, 카톡메세지, 페이스 북 메신저 등등, 상기 소셜미디어 상에서의 개인적인 연락과 병원 밖에서의 의료관련 상담을 포함합니다.

환자분의 건강 상의 이유로 예약 상담 시간외에 의료 문의 사항으로 도움이 필요하신 경우에는 본 병원 간호사에게 연락주시고, 진료시간 외 위급한 문제가 있으실 경우, 111 또는 아래 표기된 연락처로 문의 주시기 바랍니다.

I acknowledge and understand the above

Signed: - _____

Dated: - _____

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 providers are affiliated to a PHO. The fund-holding role of PHOs allows an extended range of services to be provided across the collective of providers within a PHO.

Enrolling with a Primary Health Organisation (PHO)

What is a PHO?

Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHOs 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.

PHOs 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 (e.g. age, gender and 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 chosen GP / general practice / provider of First Level primary health care services. Advantages of enrolling are that your visits 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 not 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/moh.nsf/indexmh/eligibility-eligibilitydirectionplain> and work through the Guide to Eligibility Criteria.

Torbay Medical Centre / Long Bay Medical Centre

Health Information & Privacy Statement

When you enrol with our medical centre you understand and agree with the following:

Use of Health Information Statement

Your privacy and confidentiality will be fully respected. This fact sheet sets out why we collect your information and how that information will be used.

Purpose

We collect and use your health information to provide a record of care. This helps you receive quality treatment and care when you need it.

We also collect and use your health information to help:

- Keep you and others safe
- Plan and fund health services
- Carry out authorised research
- Train healthcare professionals
- Prepare and publish statistics
- Improve governance services

Confidentiality and information sharing

Your privacy and the confidentiality of your information is important to us.

- Your health practitioner will record relevant information from your consultation in your notes.
- Your health information will be shared with others involved in your healthcare, and with other agencies with your consent, or if authorised by law.
- You don't have to share your health information, however, withholding it may affect the quality of care you receive. Talk to your health practitioner if you have any concerns.
- You have the right to know where your information is kept, who has access rights, and, if the system has audit log capability.
- Your information will be kept securely to prevent unauthorised access.

For payment purposes we as your Contracted Provider and the PHO will be informed of any casual visits to other providers if you are:

- Aged under eighteen years
- Have a High Use Health Card
- Have a Community Services Card

NB We as the Contracted Provider and the PHO will be told that a casual visit took place, the date and the time it took place, aggregated information about the location at which the visit took place, and the type of Health Practitioner who provided the consultation, but the reasons for the visit will not be disclosed unless authorised by you.

Information Quality

We're required to keep your information accurate, up to date, and relevant for your treatment and care.

Right to Access and Correct

You have the right to access and correct the health information that we hold.

- You have the right to see and request a copy of your health information. You don't have to explain why you're requesting that information but may be required to provide proof of your identity. If you request a second copy of that information within 12 months, you may have to pay an administration fee.
- You can ask for health information about you to be corrected. Practice staff should provide you with reasonable assistance. If your healthcare provider chooses not to change that information, you can have this noted on your file.

Torbay Medical Centre /Long Bay Medical Centre offer a patient portal, which allows you to view some of your practice health records online.

Use of Your Health Information

Below are some examples of how your health information is used:

- If your practice is contracted to a Primary Health Organisation (PHO), the PHO may use your information for clinical and administrative purposes including obtaining subsidised funding for you.
- Te Whatu Ora uses your information to provide treatment and care, and to improve the quality of services.
- A clinical audit may be conducted by a qualified health practitioner to review the quality of services provided to you. They may also view health records if the audit involves checking on health matters.
- When you choose to register in a health programme (eg immunisation or breast screening), relevant information may be shared with other health agencies involved in providing that health programme.
- Te Whatu Ora uses your demographic information to assign a unique number to you on the National Health Index (NHI). This NHI number will help identify you when you use health services.
- Te Whatu Ora uses health information to measure how well health services are delivered and to plan and fund future health services. Auditors may occasionally conduct financial audits of your health practitioner. The auditors may review your records and may contact you to check that you received those services.
- Notification of births and deaths to the Births, Deaths and Marriages register may be performed electronically to streamline a person's interactions with government.

Research

Your health information may be used in research approved by an ethics committee or when it has had to identify details removed.

- Research that may directly or indirectly identify you can only be published if the researcher has previously obtained your consent and the study has received ethics approval.
- Under the law, you are not required to give consent to the use of your health information if it's for unpublished research or statistical purposes, or if it's published in a way that doesn't identify you.

Complaints

It's OK to complain if you're not happy with the way your health information is collected or used. Talk to your healthcare provider or medical centre's privacy officer in the first instance. If you are still unhappy with the response you can call the Office of the Privacy Commissioner toll-free on 0800 803 809, as they can investigate this further.

For further information

Visit www.legislation.govt.nz to access the Health Act 1956, Official Information Act 1982 and Privacy Act 2020. The Health Information Privacy Code 2020 is available at www.privacy.org.nz. You can also use the Privacy Commissioner's [Ask Us](#) tool for privacy queries.

If you have any inquiries about Torbay Medical Centre / Long Bay Medical Centre's Health Customer Policy, you may contact the Privacy Officer at admin@torbaymedical.co.nz