Te Awakairangi Health

NAENAE MEDICAL CENTRE ENROLMENT FORM

39 Treadwell Street, Naenae, Lower Hutt 5011 Phone: 04 567 1066
Email: naenaemc@naenaemc.com EDI: naenaemc

Title:	Surname: Preferred Name: (if different from above)	First Name (s)
Date of Birth:		Gender: ☐ Male ☐ Female ☐ Diverse Gender (please specify)
Address: Street Number and Name:		Place/Country of Birth:
Suburb and City:		Southern Cross Member No: ..... ☐ I give consent to NNMC to submit claims on my behalf
NHI:		Email:
Cellphone:		Home phone:

Ethnicity: (tick all that apply)
☐ Māori ☐ NZ European ☐ Samoan ☐ Indian
☐ Chinese ☐ Tongan ☐ Fijian ☐ Cook Is Māori
☐ European ☐ Other (please state) .....

Next of Kin/Emergency Contact:	Next of Kin Relationship:
Next of Kin Phone No:	Residency Status: ☐ NZ Citizen ☐ Work Permit ☐ Permanent Resident ☐ Student Permit ☐ Refugee ☐ Other
Name of your previous GP and Medical Centre:	Community Services Card No: ..... Expiry Date: .....

To receive the best care possible:

- I authorise Naenae Medical Centre to obtain my medical records from my current medical practice and I acknowledge that I will be removed from that practices register
- I understand that relevant health information may be shared with other health professionals directly involved in my care

I have read and I agree to the Primary Healthcare Enrolment Process, Terms and Conditions, and Standard Collection Terms and Conditions *(please see over before signing)*

Signature:_____ Date: _____

If the patient is under 16 years, or there is a POA, please complete the following as the signing authority:
Name:
Relationship: Signature: Date:

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NAENAE MEDICAL CENTRE

Declaration of Entitlement, Eligibility and Agreement to the Enrolment Process

- I intend to use Naenae Medical Centre as my regular and on-going provider of general practice/GP/health care services
- I am eligible to enrol because I live in New Zealand and meet one of the following criteria: Please circle:
    - I am a New Zealand resident
    - I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)
    - 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 two consecutive years
    - I have a work visa/permit and can show that I am able to be in New Zealand for at least two years (previous permits included)
    - I am in interim visa holder who was eligible immediately before my interim visa started
    - 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
    - I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses above OR in the control of the Chief Executive of the Ministry of Social Development
    - 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 am participating in the Ministry of Education Foreign Language Teaching Assistantship Scheme
    - I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a NZ university under the Commonwealth Scholarship and Fellowship Fund

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 Naenae Medical Centre I will be included in the enrolled population of Te Awakairangi 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 agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.
Please note that we utilise AI technology to assist in recording and organizing notes during patient consultations. This allows for more efficient and accurate documentation, ensuring that important details from your visit are captured and securely stored. All information recorded is handled with the highest standards of confidentiality and privacy, in compliance with applicable healthcare regulations

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NAENAE MEDICAL CENTRE
Terms and Conditions

Payment for New Patient Assessment ($20.00) and First Consultation ($19.50 CSC Holder or up to $65.00 non CSC are required upfront

1. **CONSULTS** Patient consults are 15 minutes or 20 minutes. If you need a longer visit, please arrange this at booking time so you can be allocated and charged for the correct time.

- Standard Fees apply to Telephone, Email and Video Consultations

2. **PAYMENTS** We require all patients to pay on day of consult. If experiencing hardship, we ask that patients discuss a payment plan prior to being seen in consult.

3. **BAD BEHAVIOUR** All patients are to respect the staff working at Naenae Medical Centre. We will not tolerate any rudeness, abuse, or violence in any form whether it be on the phone or in the surgery. You will be asked to leave the Practice immediately.

4. **RESULTS** We do not ring our patients with their test results unless they are abnormal. All results can be found on your patient portal.

5. **REPEAT PRESCRIPTIONS** take 2 working days to process. These can be ordered via script line or patient portal (Vensa – access to your medical records online)

6. **LOST/STOLEN** controlled drug medication are only replaced when the doctor has been provided with a Police report.

7. **SELF MEDICATING** patients cannot self-medicate e.g. a patient cannot increase medications and then request an 'extra' or 'catch-up' script.

8. **AN APPOINTMENT** may be required for all WINZ or ACC forms, driving licence renewals, medical alarms. These forms become legal documents and are scanned into the patients notes.

9. **PATIENT PORTAL – VENSA** We encourage all our patients to register with VENSA when enrolling. This will enable you to see your consult notes, make appointments, order repeat prescriptions, see your test results and communicate with your Dr

10. **CANCELLATION** Please, when at all possible, give 24 hours' notice to cancel an appointment. We charge a consult fee for patients that Do not attend their appointment and have not informed us.

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NAENAE MEDICAL CENTRE
Standard Collection Terms & Conditions

Introduction:

• This agreement applies when we, Naenae Medical Centre collect unpaid invoices/services owed by you, our client/patient or when our credit policy is not met by you, our client/patient.

• We may from time to time, amend these Standard Credit Management terms. We will tell you if we change these terms.

You agree to:

- • Notify us any changes to your postal address, email address or contact numbers.
- • Warrant that all information you provide to Naenae Medical Centre is true and accurate.

If your account is unpaid at the end of each calendar month and no prior arrangements have been made with us, or a breach of an arrangement has been made with us we will:

- • Send account letters to the last known address provided by you.
- • Send notices via text message to mobile phone numbers provided by you.
- • Send notices via email to the email address provided by you.
- • Ask that you pay prior to any further appointments to see a doctor or a nurse.
- • Unpaid debt may be forwarded to an external debt collection agency for on-going management.
- • Reserve the right to review your enrolment with Naenae Medical Centre.

<u>Health Information Privacy Statement</u>

I understand the following:

1. This practice works with Te Awakairangi PHO, a not-for-profit organisation that supports the delivery of health care services across the Hutt Valley Area.

2. The information I provide when I enrol at this practice is shared with Te Awakairangi and the Ministry of Health to establish my eligibility for subsidised health care. When relevant to my subsidy eligibility, information may also be shared with other government agencies such as Immigration NZ and Ministry of Social Development.

3. My health information such as diagnoses, test results, prescribed medications, immunisations, investigations such as breast screening, and other clinical and administrative data may be shared with Te Awakairangi to enable them to:

- **Provide feedback to GPs, nurses and others in my practice**
- **Plan, deliver, fund, monitor, and improve health services**
- **Contact me in relation to services I have used, or may wish to use.**

4. My health information may be shared with other health professionals who are involved in my care. It may also be shared with health agencies involved with publicly funded programmes, including Breast Screening, Bowel Screening, Immunisation and Diabetes.

5. An electronic "Shared Care Record" allows authorised health care providers, such as afterhours GPs and hospital clinicians', access to a summary of my health information, including laboratory test results, medical conditions, allergies, and prescribed medications. I can choose to opt out, but that will mean clinicians involved in my care will not have access to important health information.

6. If I am under 18, or have a High User Health Card, or Community Services Card, and I visit a GP who is not my regular doctor, this practice will be informed of the date of that visit. The name of the practice I visited and the reason for the visit will not be disclosed unless I give my consent.

7. When this practice is audited, I may be contacted by the auditor to check that I have received services. If the audit involves viewing my health information, only an appropriately qualified health care practitioner will view my health records.

8. If approved by an Ethics Committee, health information that does not identify me may be used for health research.

9. I have the right to access my health information held by this practice and Te Awakairangi. I have a right to ask for it to be amend if I think it's wrong.

10. My health information will only be held by Te Awakairangi as long as necessary for it to perform its necessary functions.

11. I understand that individuals and organisations that may have access to my health information are subject to the Health Information Privacy Code and are required to keep my information secure.

Office of the Privacy Commissioner | Health Information Privacy Code 2020
For more information on health information collected by Te Awakairangi see: https://teawakairangihealth.org.nz/

Te Awakairangi Health

Vensa Patient Portal Consent Form
Access to your health information online

Name: _____ D.O.B _____

Email to be used for your log in: _____
The above email your own individual email address.

Please read and sign this consent if you wish to access your health information through Vensa patient Portal.

Vensa is a secure website which uploads your information from your general practice computer so that you can access it online 24/7 from your computer, smart phone, or tablet.

For Naenae Medical it is a way to have secure electronic communications with you, which can help you to manage your health better and effectively and help us manage the day to day running of our practice.

- **Repeat Prescription Requests:** This service is for **non-urgent** repeats of your regular medications. Please allow 2 working days for the request to be processed.
- **Online Appointments:** This service is for **non-urgent** appointments. Longer appointments can be made by booking 2 consecutive slots.
- **Lab test results:** When we have received and read your results, we will send you a notification via email. Please read the doctor's comments and take any action recommended.

Consent Statement:

- I have read and understand the above information.
- I have read and understand Naenae Medicals Terms and Conditions.
- I am aware that this is a **non-urgent service** and for urgent/serious problems I will call the medical centre on 04 567 1066 or phone 111 in an emergency.
- I am aware that misuse of this service will result in suspension of my Vensa account.

Signed: _____ Date: _____

Te Awakairangi Health

NAENAE MEDICAL CENTRE
NEW PATIENT HEALTH QUESTIONNAIRE

39 Treadwell Street, Naenae, Lower Hutt 5011 Phone: 04 567 1066

Title:	Surname:	First Name (s)
	Preferred Name: (if different from above)	
Date of Birth:		Gender: ☐ Male ☐ Female ☐ Diverse Gender (please specify)
Weight:		Height:
Cell Phone:		Home phone:

Smoking Status: *Please Tick*

- ☐ Cigarette Smoker
- ☐ Vape
- ☐ Past Smoker
- ☐ Never Smoked

Alcohol Status: *Please tick*

- ☐ Non-drinker
- ☐ Drinker
  Units per week.....

Vaccinations:

If you are new to New Zealand,
Please Provide a copy of your Vaccination Records.

Health Conditions:
(e.g. Diabetes, Hypertension, Cholesterol, Anxiety/Depression, other)

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.....

Allergies:
.....

Regular Medication:

.....
.....

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.....

What Pharmacy do you use:
.....

Family History (*parents, siblings, grandparents)*

Heart Problems	YES/NO	
Stoke	YES/NO	
Cancer	YES/NO	
Diabetes (Type 1 or 2)	YES/NO	
Other- Please specify	YES/NO	.....

Te Awakairangi Health

Female Patients:

Do you have any children?	YES/NO	
Have you had any other pregnancies?	YES/NO	
Are you taking any contraception?	YES/NO	
When was your last Cervical Smear test?	YES/NO	Year: _____
Have you ever had treatment to you Cervix?	YES/NO	
When was you last Mammogram?	YES/NO	Year: _____
Have you ever had a follow up or treatment after a mammogram screening?	YES/NO	