

## 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.

## 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. PHO's bring together Doctors, Nurses and other health professionals (such as Maori health workers, health promoters, dieticians, 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 (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.

### Pegasus Health (Charitable) Ltd (Pegasus)

Your general practice provider is affiliated to Pegasus. Pegasus provides PHO services and its fund-holding role allows an extended range of services to be provided across the collective of providers. Additionally, Pegasus provides clinical governance, quality and education support to its members.

## 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 & disability services?

See table below, talk to the Practice staff, call 0800 855 151 or visit the website below;

<http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-direction> and work through the Guide to Eligibility Criteria.

### Enrolment in the Practice / Primary Health Organisation (PHO)

If you **reside permanently in New Zealand**<sup>1</sup> and you are **not** a New Zealand citizen, you are **eligible to enrol** if meet one of the following eligibility criteria:

a)	Hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) <b>OR</b>
b)	Are 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 <b>OR</b>
c)	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) <b>OR</b>
d)	Are an interim visa holder who was eligible immediately before my interim visa started <b>OR</b>
e)	Are 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 <b>OR</b>
f)	Are under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in clauses a – e above <b>OR</b>
g)	Are 18 or 19 years old and can demonstrate that on the 15 April 2011, I was the dependant of an eligible work visa/permit holder (visa must still be valid) <b>OR</b>
h)	Are a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding (or their partner or child under 18 years old) <b>OR</b>
i)	Are participating in the Ministry of Education Foreign Language Teaching Assistantship scheme <b>OR</b>
j)	Are a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

<sup>1</sup>Residing permanently in NZ means that you intend to be resident in New Zealand for at least 183 days in the next 12 months. Note: these do not need to be consecutive days.

### Contact details

Pegasus Health (Charitable) Ltd  
160 Bealey Ave  
PO Box 741  
Christchurch 8140  
Phone: 379 1739  
[www.pegasus.org.nz](http://www.pegasus.org.nz)



# 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 give me a National Health Index (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 and share relevant health information with:

- other health professionals who are directly involved in my care; and their
- Independent Practitioner Assoc. (IPA) for health planning, statistical and educational purposes.

### 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 participating (e.g. Breast Screening, Immunisation, Cervical Screening) 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 information that will identify me* but 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

### 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.

124 Sparks Road, ChCh. 8025 Ph: 03 338 8179 Fax: 03 338 8036 EDI: hoonhaym	<b>ENROLMENT FORM</b> July 2016	
--	------------------------------------	--

<b>Practice Name</b> Hoon Hay Medical Centre	<b>Dr Mary-Anne Bellamy</b>	<b>NZMC 13027</b>	NHI (Office use only)
---	-----------------------------	-------------------	-----------------------

<b>Legal Name</b>	(Title)	Given Name	Middle Name(s)	Family Name
<b>Other Name</b>	Other Name		Other Given Name(s)	Other Family Name (eg. maiden name)
<b>Preferred Name</b>	Preferred Name		<b>Date of Birth</b> Day / Month / Year of Birth	Place of Birth Country of Birth
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse (please state)	<b>Iwi</b>

<b>Usual Residential Address</b>	House (or RAPID) Number and Street Name	Suburb	Town / City and Postcode
<b>Postal Address</b> (if different from above)	House Number and Street Name or PO Box Number	Suburb	Town / City and Postcode

<b>Community Services Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number
<b>High User Health Card</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number
<b>Smoking Status</b>	<input type="checkbox"/> Smoker	If yes, would you like any support to quit? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Ex-Smoker <input type="checkbox"/> Never Smoked

<b>Contact Details</b>	Mobile Phone	Home Phone	Email Address
<b>Emergency Contact</b>	Name	Relationship	Mobile (or other) Phone

<b>Ethnicity Details</b> Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>	<input type="radio"/> New Zealand European	<b>Employment Details:</b> are you currently; Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Occupation: _____ Employer name and address: _____ _____ _____
	<input type="radio"/> Maori	
<input type="radio"/> Samoan		
<input type="radio"/> Cook Island Maori		
<input type="radio"/> Tongan		
<input type="radio"/> Niuean		
<input type="radio"/> Chinese		
<input type="radio"/> Indian		
<input type="radio"/> Other (such as Dutch, Japanese, Tokelauan). Please state; <input type="text"/>		

<b>Transfer of Records</b>	<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>		
	<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	

<b>Patient Survey</b>	<i>From time to time we may contact you and ask for your feedback on your experience of care. This provides important information which we use to improve health services. Participation is voluntary and anonymous.</i>		
<b>Patient Survey Contact Details</b>	<input type="checkbox"/> As provided (or)	Alternative Mobile Phone	Alternative Email Address
	<input type="checkbox"/> No, I do not wish to participate in the Patient Survey		

## 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 entitlement 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 and 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 this practice I will be included in the enrolled population of the Primary Health Organisation (PHO) this practice is contracted to, 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 agree** to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

<b>Signatory Details</b>	Signature	Day / Month / Year	<input type="checkbox"/>	<input type="checkbox"/>
			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.*

<b>Authority Details</b> <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)		