


East Coast Bays Doctors	ENROLMENT FORM 512 East Coast Rd, Windsor Park, Auckland 0630 P: 09 478 9600 F: 09 475 6143 EDI: ecbdwind	

Provider: GP2GP: <input type="checkbox"/> Dr Gee Wong #28995 <input type="checkbox"/> Dr Monique Huerta #15770 <input type="checkbox"/> Dr Anne Yang #84771 <i>(please tick doctor which you prefer)</i>	NHI (Office use only)
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Legal Name (Title)	Given Name	Middle Name(s)	Family Name
Other Name(s) (eg. maiden name /preferred 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)
Optional	Marital status	Occupation	

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	Mobile Phone	Home Phone	Email Address
Emergency Contact /NOK	Name	Relationship	Mobile (or other) Phone

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

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, as I am only able to be enrolled at <u>ONE</u> practice at a time in NZ</i>		
	<input type="checkbox"/> YES, please request transfer of my records	<input type="checkbox"/> No transfer	<input type="checkbox"/> Not applicable
	Previous Doctor, Practice & Address		SIGNATURE:..... DATE:.....

Ethnicity Details 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 <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"/>	Primary Language Spoken: <input type="text"/>
		Smoking status (if over 15) Never smoked <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Stopped: 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 East Coast Bays Doctors to contact me via text message <input type="checkbox"/> I authorise East Coast Bays Doctors to contact me via email (non-secure)

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 and **have provided proof of my eligibility** (If yes, tick box and proceed to Agreement to Enrol)

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"/>

PROOF OF ELIGIBILITY PASSPORT..... VISA.....

Evidence sighted (office use only).....

OTHER DOCUMENTATION.....

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 East Coast Bays Drs I will be included in the enrolled population of Comprehensive Care & 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.

Signatory Details	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.

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)		



Consent to Collect, Use and Share Your Health Information

Comprehensive Care is a Primary Health Organisation (PHO) that East Coast Bays Doctors is part of. In New Zealand, to receive subsidised healthcare, you must enrol with a PHO. When enrolling, you consent to your health information being collected, stored and shared for the purposes of meeting contractual requirements and supporting the delivery of safe, effective healthcare.

What information is collected?

- Information on you (name, birth date, gender, address, ethnicity, citizenship, contact details, NHI).
- Information about your health, medical conditions and measurements.
- Information on services provided to you e.g. medication, immunisation, screening, results.
- Information about consultation charges.

Why is my information collected?

To deliver good care, East Coast Bays Doctors must collect information needed to:

- Document your health history and managements in your medical record.
- Receive information or results from other providers involved in your care (e.g. hospital).
- Allow referrals for investigations and to other health providers (e.g. specialists).
- Report to Comprehensive Care for the reasons discussed in this document.

Comprehensive Care collects and report information needed to:

- Obtain, reconcile and process funding claims, to reduce your GP visit cost.
- Report on delivering care and funding use.
- Measure the frequency and severity of common health problems across NZ.
- Measure and improve the quality of our healthcare delivery.
- Ensure the differences in health between different population groups are reduced.
- Identify and provide opportunities for health prevention and promotion (e.g. smokefree programmes), including contact, development and follow up of treatment plans.
- Support health research that obtains approval by an ethics committee.
- Investigate adverse events and complaints relating to the care we provide.

Where is my information collected from?

Usually, we collect directly from you (i.e. in consultation). Otherwise, East Coast Bays Doctors may receive information from other agencies involved in your care. For example:

- Correspondence (specialist letters, discharge summaries etc.) from hospitals, after-hours providers, specialists, allied health providers or other secondary and community providers.
- Discussions/contact with a hospital or specialist service when seeking advice or an update on your care, where that contact results in information about you being shared with us.
- Medical results (e.g. from laboratory, radiology) that we have requested, or from other clinicians who have included us in results for our awareness.
- Accessing authorised national or regional health information systems to support your care, e.g. hospital notes, results, prescribing, Aotearoa Immunisation Register.
- Letters from screening programmes (such as bowel, breast or cervical screening), including results, or notifications regarding attendance or non-attendance.
- Correspondence from employers, regarding, for example, fitness to work.
- Information from the New Zealand Police regarding firearms licences.

- Contact from Police, legal representatives, Oranga Tamariki, insurance companies, Ministry of Social Development (Work and Income NZ) and Accident Compensation Corporation.

Similarly, Comprehensive Care PHO may be sent information from:

- East Coast Bays Doctors, for reasons discussed in this document.
- Authorised national/regional health information systems e.g. the Aotearoa Immunisation Register.

We may share your information to others:

East Coast Bays Doctors may share your information to others involved in your care, such as:

- Agencies that provide results (e.g. laboratory, radiology) when requesting investigations.
- Referrals or clinical discussions to allied health, hospital, specialist, screening services etc.
- Regulators, insurers, indemnity and legal advisers to manage concerns raised on our care.
- When we are legally obligated to (e.g. Police, legal representatives, Oranga Tamariki etc.).
- When we send medical certificates with external agencies (e.g. work and income NZ sickness or disability benefits, ACC certificates etc.), or your employer, (e.g. fitness to work certificates).

Comprehensive Care may share your information to:

- NZ Ministry of Health.
- Contracted Ministry of Health data intermediaries (such as Synergia), for the purpose of reporting on funded health programmes as required under our service contracts.
- National health programme or service groups (e.g. national smokefree services), where we are contracted to report on treatment plans and outcomes.

Your information is kept secure:

In line with NZ legal requirements, robust protocols and processes are in place around how we collect, store, use, share and dispose your information in a safe and protected way. Physical or electronic information collected by East Coast Bays Doctors is stored in endorsed, secure means.

Information sent to the PHO is stored in a secure data warehouse that similarly meets all NZ legal requirements. Some information we collect and generate is stored electronically by cloud service providers located in Australia. This information may also be processed (but not stored) on Health NZ approved cloud servers located in other approved overseas countries. This information is encrypted between stakeholders, and these providers comply with internationally recognised security standards.

Our processes fully comply to the Privacy Act 2020 and the Health Information Privacy Code 2020.

Your rights of access and correction:

Under rules 6 and 7 of the Health Information Privacy Code, you have the right to request access to the health information this practice holds about you, and request correction of that information, if you believe it to be inaccurate. If your healthcare provider chooses not to change that information, you can have this noted on your file.

Complaints:

It is ok to complain if you are not happy with how we collect, use or share your information. We encourage you to talk to your healthcare provider if this happens. If you are still unhappy with their response, you can call the Office of the Privacy Commissioner toll-free on 0800 803 909, and they can investigate further.

What happens if I do not consent?

If you do not consent to your information being collected, then you may 'opt-off' by letting East Coast Bays Doctors know. However, without consent we may not be able to provide effective safe care to you, and Comprehensive Care may not be able to access funding subsidy for your GP visits.