



KELBURN NORTHLAND MEDICAL

Office use only

NHI # _____ GP _____

Eligibility Criteria Geo code

Signature Admin notes

Date NHI validation

ID NES

Visa Transfer task

Transfer form NP alert + txt

Myindici Scanned

Staff: _____ Staff: _____

Patient Enrolment Form

1 Upland Road, Kelburn, Wellington 6012
Phone 04 9399551 – Email admin@knm.co.nz

Office use only - ID sighted:

Office use only - Eligibility sighted:

Legal Name	Surname	First name	Middle name
Preferred Name		Title (if used)	
Birth Details	Day / Month / Year	Place of birth	Gender

Residential Address	
Postal Address (if different from above)	

Contact Details	Mobile	Home ph	Work ph
	Email		
	Are you happy to receive text messages from us? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Next of Kin / Emergency Contact	Surname	Name	Relationship to you
	Phone number	Address	

Community Services Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date	Card number
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Which ethnic group(s) do you belong to? Please tick the space(s) that you belong to:	<input type="checkbox"/> NZ European	<input type="checkbox"/> Maori	<input type="checkbox"/> Iwi:
	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island	<input type="checkbox"/> Tongan
	<input type="checkbox"/> Niuean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian
	Other such as Dutch, Japanese, etc. Please state:		

My declaration of entitlement and eligibility

I am eligible to enrol in Compass PHO. I choose to use this Practice as my regular and on-going provider of general practice/GP/First Level primary health care services.	<input type="checkbox"/>
I am entitled to enrol because I am residing permanently in New Zealand. The definition of residing permanently in New Zealand is that you intend to be resident in New Zealand for at least 183 days in the next 12 months.	<input type="checkbox"/>

I am eligible to enrol because:

A	I am a New Zealand Citizen	<input type="checkbox"/>
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OR if you are **not** a New Zealand citizen, please tick which eligibility criteria applies to you:

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 old and in the care and control of a parent / legal guardian / adopting parent who meets one criterion in clauses a-f above	<input type="checkbox"/>
H	I am 18 or 19 years old and can demonstrate that, on the 15 April 2011, I was the dependant of an eligible work permit holder	<input type="checkbox"/>
I	I am NZ aid Programme student studying in New Zealand and receiving Official Development Assistance funding (or their partner or child under 18 years old)	<input type="checkbox"/>

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 **Kelburn Northland Medical** I will be included in the enrolled population of **Compass Health** and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Register.

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.

I understand that payment is expected on the day -or within 7 days- of service unless prior arrangement and that fees will apply for late cancellations and missed appointments.

Signed	Date
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OR Signed authority (e.g. parent of a child under 16 years of age)

Signed	Relationship to patient	Date
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KELBURN NORTHLAND MEDICAL

1 Upland Road, Kelburn, Wellington 6012
Phone 04 9399551 – Fax/Email fax@knm.co.nz – Scrip line 04 9398550
<https://kelburnnorthland.co.nz/>

REQUEST TO TRANSFER NOTES TO NEW DOCTOR

I hereby request that all my relevant notes from current and previous Medical Centres and those to my family members listed below (who are 15 years and under) to be forwarded to my new Doctor.

- Name _____
- DOB _____
- NHI _____

Previous clinic + city _____

Office use only – Fax # or email _____

Signed _____ Date _____

Persons 16 years and over must sign themselves

Please tick the Doctor you wish to enrol with at Kelburn Northland Medical:

EDI KELBRNMC

- | | |
|---|--|
| <input type="checkbox"/> Dr Penny Clifford: Reg # 14068 | <input type="checkbox"/> Dr Guy Jenner: Reg # 12512 |
| <input type="checkbox"/> Dr Scott Newman: Reg # 64472 | <input type="checkbox"/> Dr Kirsten Crooke: Reg # 36447 |
| <input type="checkbox"/> Dr Hanna Preston: Reg # 64325 | <input type="checkbox"/> Dr Melanie Garrett: Reg # 46363 |
| <input type="checkbox"/> Dr Peter Meffan: Reg # 71868 | <input type="checkbox"/> Dr Merryn Ng-Wai Shing # 76009 |

Message to Previous Dr:

We prefer GP2GP transfer if you can.

Physical notes can be sent to the above address.

Health Information Privacy Statement

I understand the following:



1. This practice works with Tū Ora Compass Health PHO (Primary Health Organisation), a not-for-profit organisation that supports the delivery of health care services across the Wellington, Porirua, Wairarapa and Kāpiti areas.
2. The information I provide when I enrol at this practice is shared with Tū Ora 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 Tū Ora 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 (General Practitioner) 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 Tū Ora. I have a right to ask for it to be corrected if I think it's wrong.
10. My health information will only be held by Tū Ora 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](#)
12. By providing this Statement, Tū Ora is adhering to the “Use of Health Information Requirements” as specified in Appendix 5 of the Enrolment Requirements for Contracted Providers and PHOs (Ver 4.1).

For more information on health information collected by Tū Ora see: www.tuora.org.nz

Health Information Privacy Statement – Patient Q & A's



Who has access to my information?

Health professionals in hospitals and other medical settings who are directly involved in your care

Why does my information need to be shared?

Your information is used to aid health professionals to provide you with appropriate care where necessary such as medical procedures or treatment as appropriate and is vital in the case where you or family are unable to verbally provide information.

What will be done with my information?

Your health information is held electronically in a secure environment, and shared and updated where and when necessary, by health professionals

Is my information safe?

Your information is held electronically and is secured by systems that meet all the necessary data privacy requirements such as Firewalls, secure passwords and log in to health professionals who requires access

What are rule 6 & 7 of the Health Information Privacy Code 2020

Rule 6 & 7 can be found via this link [HIPC-1994-incl.-amendments-revised-commentary-edit.pdf \(privacy.org.nz\)](#)

Can I choose not to have my information shared?

Yes however, you should first discuss this with your GP. With regards to your Shared Care Electronic Record that is accessed by After Hours and Hospital providers when you are seen in these settings, you have the option to opt out, or to have specific health information excluded. For more information visit www.scr.org.nz

Why am I signing this document?

To acknowledge you have read and understood the Health Information Statement. This is a requirement under the PHO Enrolment Agreement, so we are secure in the knowledge that you are fully informed around how your health information is stored and shared.

Better Health through Great Primary Care