# LEVIN FAMILY HEALTH

Focusing on Your Health and Wellbeing

## Please make sure when returning the Enrolment Form, all areas are completed

- If you are a parent/guardian of a child under the age of 16 please sign where the Authority/Account Holder details are and date the form with a contact phone number
- One Enrolment Form person you wish to enroll
- Bring at least 1 form of Identification with you showing a clear identity that you are the person enrolled with the clinic – proof of identity should include DOB such as Passport, Drivers Licence or Birth Certificate. For child Plunket Book or Birth Certificate would be sufficient
- If you are a Visa Holder/Permanent Resident Visa/Working Visa, we will need to proof that you will be in the country for more than 2 ½ years from the time you enroll

## Failure to complete the Enrolment Form correctly or bring back the requested forms of ID will result in the registration not being able to be processed

Enrolment Checklist *(tick appropriate box)*

| | |
|---|---|
| | Patient Enrolment Form Signed |
| | Code of Conduct Form Signed |
| | ManageMyHealth / Webtools |
| | Proof of Address (please bring in and we will copy information) |
| | Proof of ID (please bring in and we will photocopy) |

# Enrolment Information for Levin Family Health

When returning your Enrolment Forms please ensure:

- All fields are completed
- Requested for medical records and enrolment forms for patients over 16 years and older have been completed and signed by the patient - Parents / Guardians / Caregivers cannot sign on their behalf unless special circumstances apply
- The Code of Code of Practice has been read, signed and understood
- You have provided an individual email address for ManageMyHealth / Well platform – we cannot register more than one patient per email address

Please be aware that:

- Once we have the complete forms & required supporting documents, we will arrange for your records to be transferred to us. Your previous practice has 10 working days (2 weeks) to send your health records through
- We need your records before we can make an appointment or arrange a prescription. If you require an appointment or prescription within the 10-day period, please arrange this with your previous GP before you return your forms to us.
- If you would like confirmation that we have received your records, please phone our Admin Team after the 10 working days.
- Code of Conduct and ManageMyHealth / Well forms do not need to be completed for anyone under the age of 16.
- For non-NZ Residents: if any type of NZ Visa is held, including a New Zealand Permanent Resident Visa, The Ministry of Health require evidence of a two-year work Visa (and the years must be consecutive without a break)
- It is a requirement that you must attend an appointment with your GP / NP in order to request your repeat medication for the first time.

First Appointment Scheduling:

To ensure seamless continuity of care, we will promptly request your medical records from your previous GP, ensuring they are available before your first appointment.

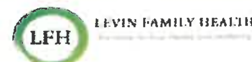
The new patient/first appointment process involves two distinct sessions:

- Initially, a double appointment with the Practice Nurse or the Practitioner's Assistant.
- This is followed by a double session with the Practitioner.
- This thorough process allows us to review and investigate your health records so that your registered Practitioner can manage your health and wellbeing more effectively.

While we aim to coordinate these appointments on the same day for your convenience, logistical constraints may occasionally require separate scheduling. Nonetheless, we are dedicated to accommodating your needs as best as possible.

Please contact us in a couple of weeks to organize your appointments at 06 777 6200.

# Practice Enrolment Form




| Practice Name: | Levin Family Health | | | Phone Number: | 06 777 6200 |
|---|---|---|---|---|---|
| Address: | 130A Speldhurst Parade, Levin 5510 | | | EDI Number: | lfh23adl |
| GP Provider: | Dr Andre de Lange | NZMC: | 35851 | Email: | enrolment@levinfamilyhealth.co.nz |

**PLEASE COMPLETE ALL BOXES**

| Legal Name | Title: | Surname: | First Name: |
|---|---|---|---|
| | | | Middle Name: |

| NHI: | | | | Date of Birth: |
|---|---|---|---|---|
| Gender: | Male | Female | Gender Diverse *(please state)* | Place of Birth: |
| Occupation: | | | | Employer Name: |

| Community Services Card | |
|---|---|
| Yes | No |
| Card Number: | |
| Card Expiry Date: | |

| High User Health Card | |
|---|---|
| Yes | No |
| Card Number: | |
| Card Expiry Date: | |

| Residential Address | Street Number: | Street Name: | |
|---|---|---|---|
| | Suburb: | City: | Postcode: |

| Home: | | Mobile: |
|---|---|---|
| Email: | | Next of kin:<br>Relationship:<br>Ph Number: |
| Do you agree to receive emails? | Yes | No |

| Do you agree to receive text messages? | Yes | No | Do You Smoke? | Smoker | Ex-Smoker | Never |
|---|---|---|---|---|---|---|

| Which Ethnic Group do you belong to?<br>*(Tick the space or spaces that apply to you)* | |
|---|---|
| NZ European/Pakeha | |
| Māori | |
| Samoan | |
| Cook Island Māori | |
| Tongan | |
| Chinese | |
| Niuean | |
| Indian | |
| Other:<br>*(Please state)* | |

| Transfer of Records | | |
|---|---|---|
| **To get the best care possible, I agree to this Practice obtaining my records from my previous Practitioner. I also understand that I will be removed from their practice register.**<br>*I accept that my hard file medical records may not be retained with my new Practitioner.* | | |
| Yes | No | Not Applicable |
| Previous Practitioners Name: | | |
| Address: | | |
| Phone: | | |
| Signature: *(Agreement to transfer records)* | | |

| Iwi | If Māori decent, please enter up to 3 Iwi or home area of affiliation | Iwi 1: | Iwi 2: | Iwi 3: |
|---|---|---|---|---|

| | I wish to join ManageMyHealth online patient portal so that I have access to my results, medication requests and online appointment bookings *(please tick the box to the left)* | |
|---|---|---|
| Patient Signature: | Please provide Photo ID | |
| | Personal Email Address | |

## My Declaration of Entitlement

**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 a 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<br>*(If yes, tick box and proceed to 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 resident permit if issued before December 2010).* | |
| 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 a least 2 consecutive years. | |
| D | I have a work visa/permit and can show that I am able to be in New Zealand for a least 2 years *(previous permits included)* | |
| E | I am an interim visa holder who was eligible immediately before my interim visa started | |
| 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 or people trafficking | |
| G | I am under 18 years and in the care and control of a parent/legal guardian/adopting parent who meets on criteria in clauses a-f above OR in the control of the Chief Executive of the Ministry of Social Development. | |
| H | I am a NZ Aid Programme student studying in NZ and receiving Official Development Assistance funding *(or their partner of child under 18 years old)* | |
| I | I am participating in the Ministry of Education Foreign Language Teaching Assistance Scheme. | |
| J | I am a Commonwealth Scholarship holder studying in NZ and receiving funding from a New Zealand University un the Commonwealth Scholarship and Fellowship fund. | |

| | |
|---|---|
| I confirm that, if requested, I can provide proof of my eligibility. | |
| We will retain a copy for eligibility purposes only Evidence sighted *(office use only)* | |

**My agreement to the enrolment process:** *NB: Parent of caregiver to sign if you are under 16years*

| | |
|---|---|
| → | I intend to use this practice as my regular and ongoing provider of general practice/GP/NP health care services. |
| → | I understand that by enrolling with this practice I will be included in the enrolled population of THINK Hauora PHO (Primary Health Organisation) and my name and 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. If 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 participation in a national survey about people's health care experiences 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 valuable 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: | Date: | Self-Signing | Authority |
|---|---|---|---|---|

An Authority has the legal right to sign for another person if for some reason they are unable to consent on the own behalf.

| Authority Details: *(where signatory is not the enrolling person)* | Full Name: | Relationship: |
|---|---|---|
| | Contact Phone: | Basis of Authority:<br>(e.g., parent of a child under 16 years of age) |

# 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 Medical Centre who are not my Provider, I will be asked to permission to share information from the visit with my regular Practice/Provider

If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular Provider, 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 Primary Health Organisation (PHO) and Ministry of Health to obtain subsidized 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

### 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 the 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 enrolled (e.g. Breast Screening, Immunisations, Diabetes) may be sent to the Primary Health Organisation (PHO) or the external health agency managing this programme

### Other Uses of Health Information

Health information which will not include my name but may include my Nation Health Index Identifier (NHI) may be used by health agencies such as the District Health Board, Ministry of Health or Primary Health Organisation (PHO) for the following purposes, as it is not used or published in a way that can identify me:

- Health service planning and reporting
- Monitoring service quality
- Payment

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.

Our Charges:

Consultation with GP / Nurse Practitioner – including ACC & Community Service Card

- Child 0-13 – with or without CSC……FREE
- Child 14-17 – with CSC……$13.00 – without CSC……$45.25
- Adult 18-64 – with CSC……$19.50 – without CSC……$56.00
- Adult 64+ - with CSC……$19.50 – without CSC……$51.50
- ACC Child with or without CSC……FREE
- ACC Child 14-17 – with CSC……$13.00 – without CSC……$26.90
- ACC Adult 18-64 – with CSC……$19.50 – without CSC……$49.50
- ACC Adult 65+ - with CSC……$19.50 – without CSC……$45.25
- Casual 0-13 – with CSC……$25.00 – without CSC……$32.30
- Casual 14-17 – with CSC……$50.00 – without CSC……$64.60
- Casual 18+ – with CSC……$85.00 – without CSC……$102.50

Nurse / Health Practitioner Assistant Appointments

- Registered Child 0-13……FREE
- Registered Patient 14+……$21.50
- Casual Child 0-13……$37.70
- Casual Patient 14+……$42.00

Standard Prescriptions – Ready in 2 working days:

- 0-13……NO CHARGE
- 14+……$21.50

URGENT Prescriptions – Ready 24 hours from ordering:

- 14+……$32.00

*Please refer to our website: www.levinfamilyhealth.co.nz for further pricing for other supporting services within the clinic

Missed appointments:

Demand for appointments is very high, therefore we require at least 2 hours prior notice if you no longer require your appointment to allow us to offer the appointment to another patient, missed appointments will be charged a FEE of $22.50. If there have been 2 missed appointments within a calendar year and you have not paid the fee you will be expected to pay for any future appointment in advance.

Payment:

Payment is expected on the day of the consultation. A $5.00 administration fee will be added to all unpaid accounts. Please see the full list of PATIENT FEES on our website or in the practice for further service fee clarification.

Afterhours:

In the event that you need to be seen outside of practice hours please call our usual number 06 777 6200, this will be diverted to an after-hours health service where you will speak with a Registered Practitioner. If needed, they will direct you to the appropriate service.

Practice PLUS:

There is an after-hours service (fees will be charged) available 5pm to 10pm Monday to Friday and 8am to 8pm Weekdays/Public Holidays if the District Afterhours Service is not active. You will require and internet connection on either a mobile phone or tablet or Laptop/Computer. For more information lease visit www.practiceplus.nz

Test Results:

It is the Levin Family Health policy to advise patients if there are significant abnormal changes in their blood tests. If you have not heard from us within 7days feel free to contact the Practice Nurse.

# CODE OF CONDUCT

Levin Family Health provides a secure and friendly working environment in which patients and staff give and receive mutual respect. To assist in providing this, all persons accessing our services within the practice are expected to observe the LFH Practice Code of Conduct

The Practice Code of Conduct's main aim is *"people attending the practice, whether in person or by telephone, should behave in a manner that respects the rights of others and the practice environment".*

Violent behaviour will not be tolerated in any form and will result in Police Intervention and Immediate Removal from the building and from our Practice Register.

The following behaviours falls outside the Code of Conduct and is therefore considered UNACCEPABLE:

- Excessive noise which is obstructive to others in the vicinity
- Demanding, manipulative or bullying behaviour
- Use of threatening, abusive or obscene language
- Offensive remarks of a racial, sexual or personally derogatory nature
- Damage of theft to the property
- Threatening or aggressive gestures and actions
- Inappropriate behaviour involving alcohol/substance misuse

Any person acting in an unacceptable manner can be asked by a member of staff to stop behaving in such a way and to observe the LFH Practice Code of Conduct.

As an enrolled patient of Levin Family Health, I agree to observe the rules of the practice regarding paying on the day of the health service provided.

I understand that if I have an outstanding debt, this will be referred to a collection agency after 60 days. Normal debt collection processes will be applied. Levin Family Health have an authorised collection agency whereby you may have costs incurred in relation to the collection of outstanding debt that will be charged to the debtor. The practice reserves the right to remove patients from the enrolment register for ongoing debt where no effort is being made to rectify the situation.

Name: ______________________________ DOB / NHI: ______________________________

Signature: ______________________________ Date: ______________________________