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|  Lifeline Medical Centre Otahuhu Your health Our priority | LIFELINE MEDICAL CENTER Otahuhu 230 Great South Road, Ōtāhuhu, Auckland 106 Ph: 276 2822 Fax: 276 2842 EDI : otahumcl | ENROLMENT FORM Dr Sobia Imran NZME: 48237 Dr Imran Zia NZME: 48236 Dr Nazar Ali El Hassan NZME: 58120 Dr Meryl Saldanha NZMC 86735 Dr Mohammad Asim NZMC 43868 Dr Rabeeah Asim NZMC 82977 Dr Sadaf Farooqi NZMC 87535 Dr Vanujan Jayanathan NZMC 84617 |
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Each person 16 years & over to fill and sign their own form

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|---|--|--|---------------------|---|---|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss | First Name(s) * | | NHI * | |
| Preferred Name | | Family Name * | | | |
| Gender * | <input type="checkbox"/> Male <input type="checkbox"/> Female | Other Names Known By | | | |
| Physical Address * | Street or Rapid (rural) number | Name of Street | | Country of Birth * | |
| | Suburb | | | Date of Birth * | ___/___/___ Day Month Year |
| | City/Town | | Post Code: | Community Service Card | <input type="checkbox"/> YES <input type="checkbox"/> NO Card Number Expiry Date |
| | | | | | |
| Postal Address | | | | High User Health Card | <input type="checkbox"/> YES <input type="checkbox"/> NO Card Number Expiry Date |
| Contact Details | Day Phone | | Mobile Phone | | |
| | Night Phone | | Email | | Do you agree to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency Contact | Name of person to contact | Relationship | Phone Number | Other contact details | |
| Which ethnic group do you belong to? * <i>Mark the space or spaces which apply to you</i> | | Smoking Status <input type="checkbox"/> Ex-Smoker Quit Date _____ <input type="checkbox"/> Current | | Eligibility * I confirm that, if requested, I can provide proof of my eligibility. I agree to inform the practice of any change in my eligibility. Not Eligible <input type="checkbox"/> *Eligible under criteria <i>(Enter applicable letter from list)</i> | |
| New Zealand European | <input type="checkbox"/> | | | | |
| Maori Iwi: | <input type="checkbox"/> | | | | |
| Samoan | <input type="checkbox"/> | | | | |

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|---|--------------------------|--|--|---|
| Cook Island Maori | <input type="checkbox"/> | <input type="checkbox"/> Never Smoked | I have read and agree with Health Information Privacy Statement. | <input type="checkbox"/> |
| Tongan | <input type="checkbox"/> | | Interpreter Required* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Niuean | <input type="checkbox"/> | | Transfer of Records* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Chinese | <input type="checkbox"/> | | In order to get 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. Doctor's Name: Address / Location: Phone/Fax: | |
| Fijian | <input type="checkbox"/> | | | |
| Indian | <input type="checkbox"/> | | | |
| Other such as DUTCH, JAPANESE, TOKELAUAN. Please state: | <input type="checkbox"/> | | | |
| Occupation* | | | | |
| Employer | | Phone | | |
| Address | | | | |
| SIGNATURE* | | DATE* | | |
| | | ___ / ___ / ___ <i>Day Month Year</i> | | |

OR Signed by Authority An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

| | | |
|---|-------------------------------|--|
| Full Name of Authority | Contact Phone Number | Relationship |
| | | |
| Address | Signature of Authority | ___ / ___ / ___ <i>Day Month Year</i> |
| | | |
| Detail the basis of Authority (e.g. parent of a child under 16): | | |
| | | |

September, 2020 *Please read the Eligibility and Health Information Privacy Statement (available below and at reception) before signing the form.*

Please read this sheet and identify on your enrolment form which criteria provides your eligibility to funded health services

Enrolment in the Practice / Primary Health Organisation (PHO)

I am eligible to enrol because I live in New Zealand and meet one of the following criteria:

- a) I am a New Zealand citizen OR
- b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010) OR
- 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 OR
- 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) OR
- e) I am an interim visa holder who was eligible immediately before my interim visa started OR
- 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 OR
- 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
- 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) OR
- i) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme OR
- 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.

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 ongoing provider of general practice / GP / First Level primary health care services.

I understand that by enrolling with this practice I will be enrolled with the **Primary Health Organisation (PHO)** this practice belongs to, and my name address and other identification details will be included on both the Practice, PHO and National Enrolment Service Registers.

I understand that if I **visit another 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, and their contact details. 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 eligibility**.

HEALTH INFORMATION PRIVACY

I agree to the practice sharing my health information with other health providers involved in my healthcare. 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 also agree to my information being used for practice quality/audit activities and to being included in the practice screening, recall and health programmes.

I have been informed of the Health Information Privacy statement posters.

Patient Acknowledgement Tick-Box

I have read and understood the Enrolment Process and Health Information Privacy Statement, including how the practice collects health information directly from me and may receive health information about me from other health providers, agencies, whānau/caregivers, or other sources involved in my care, safety, enrolment, funding, screening, recall, audit, quality improvement, or legal obligations.

⁹ The definition residing in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

¹⁰ If a person has an interim visa this means they are waiting for Immigration to finish processing an application as Immigration issues interim visas if the old visa has run out but the new visa is still being processed. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person had a two year work permit and has been issued with an interim visa while waiting for their application for another two year work permit to be processed. Immigration usually issues interim visas in a letter form.

¹¹ An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.