# *Te Manu Toroa Charitable Trust*

**GP Clinics**
**SERVICE ENROLMENT & CONSENT FORM**
*Nga Mataapuna Oranga Whanau Ora Provider Collective*

| **TAURANGA MOANA CITY CLINIC HEALTH CENTRE** | **TE AKAU HAUORA** | **WAITAHA** |
|---|---|---|
| 53 Courtney Road, Gate Pa | 95A Hartford Ave | Palmer Court, Jellicoe Street |

## ENROLMENT DETAILS: Each person over 16 years is to sign their own form

Title: | First Name(s) | Family Name:

Other Names known by (e.g. maiden name):

Date of Birth: | Gender M / F | NHI:

Ethnicity:

☐ NZ Maori Iwi:__________________ Hapu: __________________

☐ Cook Island Maori ☐ Tongan ☐ Samoan ☐ Niuean

☐NZ European ☐ Chinese ☐ Indian

☐ Other (please specify) ________________________________

Are you a NZ Citizen?

YES / NO

Residency Status (Confirm & Evidence)

Identification provided: ☐ Drivers Licence ☐ Passport ☐ Household Bill(s) ☐ other

## PHYSICAL ADDRESS

Street and Number: | City/Town | Postal Code

Postal Address/ PO Box:

Home Phone | Mobile

Email

## EMERGENCY CONTACT

Name: Relationship:

Home Phone: Mobile:

## ENROLMENT FOR DEPENDANTS UNDER 16 YEARS

I am legally entitled to sign on behalf of the children as listed below: (use a separate page if needed)

| NHI | First Names | Family Name | Gender | Date of Birth |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## AUTHORISATION NOTICE: (for Enrolment of GP services)

***I understand that I will be removed from the register of my previous practice***

My previous Doctor was: | Address of Previous Doctor:

I authorise you to obtain my previous medical records YES / NO

Community Services Card No: 00000 Expiry:

High User Health Card No: Expiry:

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Tauranga 3112 P O Box 11370 Papamoa 3118 P O Box 81 Te Puke 3119
*Ph:* (07) 571 2017 *Fax:* (07) 571 2018 *Ph:* (07) 574 9830 *Fax:* (07) 574 9831 *Ph:* (07) 573 0141 *Fax:* (07) 573 0140

## SERVICE CONSENT AGREEMENT

☐ I understand that by enrolling in this practice, I am also enrolling with Nga Mataapuna Oranga Primary Health Organisation (NMOPHO). My identification details will be included both in the practice and PHO enrolment register.

☐ I understand that by enrolling with this service I will also be enrolled with the Nga Mataapuna Oranga Whānau Ora Collective. My details will be held within the Whānau Ora collective register.

☐ I have been given information about the benefits and implications of enrolment with the Nga Mataapuna Oranga Whānau Ora Collective and their contact details.

☐ I have read and I agree with the Health Information Privacy Statement. (see overleaf)

☐ I have been informed of the Health & Disability Code of Consumer Rights with receiving Health services

☐ I have been informed of the complaints process and how to access an advocacy service.

☐ I agree to inform the service of any changes in my eligibility to receive publicly funded services.

☐ I agree that this practice is entitled to charge a fee for services and I am financially responsible for payment for services.

*I certify that the above information is true and correct. I authorise the use of my personal information as detailed in the Privacy Act clause. I have read and understand the PAYMENT TERMS AND CONDITIONS of Te Manu Toroa which form part of, and are intended to be read in conjunction with this enrolment form and agree to be bound by these conditions.*

## GUARANTEE

If I execute this agreement as the person responsible for payment on behalf of the Patient I guarantee the due and punctual payment of all monies under this agreement. This Guarantee and Indemnity shall constitute an unconditional and continuing guarantee and indemnity and accordingly shall be irrevocable and remain in full force and affect until the whole of monies owing to the service by the patient and all obligations herein have been fully paid satisfied and performed.

| PRINT NAME | |
|---|---|
| SIGNATURE | DATE: |

Or signed by AUTHORITY (e.g. parent of child under 16years)

| PRINT NAME | RELATIONSHIP |
|---|---|
| SIGNATURE | DATE |

***EDI ADDRESS: wsiwicts*** NGA MATAAPUNA ORANGA – Primary Health Organisation