

BROADWAY MEDICAL CENTRE

2 BROADWAY, DUNEDIN 9016
PHONE 03 477 4335
FAX 03 477 4337
EDI: BROADWMC
WWW.BROADWAYMED.CO.NZ

New Enrolment Pack

Welcome to Broadway Medical Centre

Thank you for choosing us as your medical provider. **Broadway Medical Centre** is a part of the **WellSouth Primary Health Network**.

By enrolling with us we can offer you reduced fees which are subsidised by the government for PHO's (Primary Health Organisations).

It is important to remember that you can only be enrolled at **one** Medical Centre and enrolment is available to eligible and entitled patients only.

I, **(full name)** _____ have read and agree with the attached information as ticked, completed, and signed below:

- Enrolment Form – **please ensure this is completed and signed.**
- Enrolment Process
- Health Information Privacy Statement
- Communication of Test Results
- General Terms of Trade
- Manage My Health Terms and Conditions (ticking this you agree to sign up for Manage My Health using your email recorded on your registration form)

Please note: you will not be able to access ManageMyHealth™ until you have been seen for a New Patient appointment. Once attended an email will be sent to activate your account.

Signature _____

Date _____

Practice use only: NHI _____

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EDI broadwmc

www.broadwaymed.co.nz

Dr _____ NZMC _____

Family Name	
Other Names Known By (eg maiden name)	

Title	Mr Mrs Ms Miss Mast Dr	First Name(s)		Date of Birth	____/____/____ Day Month Year
Preferred Name				Place / Country of Birth	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Diverse <input type="checkbox"/>	Occupation	
			<i>Please state: _____</i>		
Physical Address	Street or Rapid (rural) number	Name of Street/Road		Smoking Status	<input type="checkbox"/> Never smoked <input type="checkbox"/> Smoker <input type="checkbox"/> Ex smoker - less than a year <input type="checkbox"/> Ex smoker - more than a year
		Suburb		Community Services Card	YES / NO
		City/Town	Postcode		Card Number Expiry Date
Postal Address				High User Health Card	YES / NO
					Card Number Expiry Date
Contact Details	Home Phone	Work Phone	Mobile	Email	
Emergency contact	Name of person to contact	Relationship	Phone number	Other contact details	

Which ethnic group do you belong to? Tick/Circle which apply.	New Zealand European	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other such as DUTCH, JAPANESE, TOKELAUAN, please state:
	Samoaan	<input type="checkbox"/>	Indian	<input type="checkbox"/>	
	Tongan	<input type="checkbox"/>	Maori	<input type="checkbox"/>	
	Niuean	<input type="checkbox"/>	Cook Island Maori	<input type="checkbox"/>	

Transfer of Records

In order to get the best care possible, I agree to Broadway Medical Centre obtaining my/our records from my/our previous Doctor. I also understand that I/we will be removed from their practice register.

Previous Practice Name: _____

Address: _____

Signature: _____ **Date:** _____

CONSENT FOR TEXT RECALLS/RESULTS

Yes / No

Dependants (under 16yo) listed on this form will also be enrolled in the PHO as long as I am legally entitled to sign on their behalf.						
NHI	First Names	Family Name	M/F	Ethnicity	DOB	Country of Birth

Office only - Passport/Visa/PHO scanned Y Smoking status task done Y NHI SFN on _____ Initials _____

BROADWAY MEDICAL CENTRE

ELIGIBILITY/ENROLMENT/CONSENT FORM

I/We intend to use BROADWAY MEDICAL CENTRE as my/our regular and ongoing provider of General Practice.

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

Please circle the appropriate letter below.

- a) I am a New Zealand citizen (born in New Zealand and/or lived in New Zealand for at least 5 years or more and/or hold a New Zealand passport)
- b) I hold a resident visa or a permanent resident visa (or a residence 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 at least 2 consecutive years
- 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)
- 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 of people trafficking
- 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
- 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
- i) I am a NZ Aid Programme student studying in New Zealand and receiving Official Development Assistance funding (or their partner or child under 18 years old)
- j) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme (TWIMC letter required)
- k) I am a Commonwealth Scholarship holder studying in New Zealand and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

I confirm that, if requested, I can provide proof of my eligibility.

AGREEMENT TO THE ENROLMENT PROCESS (Parent or caregiver to sign if under 16 years old)

I/We choose to enrol with Dr _____ as my/our regular and ongoing provider of general practice services.

I understand that by enrolling with BROADWAY MEDICAL CENTRE 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 and the PHO enrolment register.

I understand that if I visit another provider where I am not enrolled, I may be charged a higher fee (can only be enrolled with one practice).

I have been given information about the benefits and implications of enrolment with the PHO and their contact details.

I agree to inform the practice of any changes in my eligibility.

I have read and I agree with the Health Information Privacy Statement.

I understand that payment is required at the time of my appointment. Unpaid accounts may be passed on to Baycorp NZ. Any fees incurred in the collection of overdue accounts are payable by me.

SIGNATURE _____

DATE _____

Full Name of Authority

OR Signed by Authority below

Contact Phone Number

Relationship

Signature of Authority

Address

Date

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

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ENROLMENT PROCESS

For your enrolment:

- you will also need provide us with the eligibility documentation required by the Ministry of Health. Please check on their website (see link below) to see what you need to bring or ask one of our reception team.

<https://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/resources-service-providers-check-eligibility/eligibility-checklist>

Please hand your enrolment request form:

- to one of our reception team at the front desk or send by email. All paperwork **MUST** be signed and dated with a hand signature (ink or digital pen) of enrolling person (or authorised person). You will receive a copy from our receptionist as well as the New Patient Information Pack.

Your enrolment request form:

- this can take up to 48 hours to be processed and be included in the National Enrolment System for our practice. By enrolling at least 48 hours before your first appointment you can access the reduced fee otherwise your consultation will be charged at the non-subsidised rate. If notes need to be transferred from your former Medical Practice, we recommend you enrol at least 2 weeks prior to your appointment.

Once you have been enrolled:

- an appointment will be made for you on the phone or in person to meet with a nurse and/or health care assistant before your first consultation with a doctor. This 30-minute appointment is at no charge to you and will ensure we have all your medical and family history to start you on your healthcare journey with Broadway Medical Centre.

Please note: Three years is the maximum period an enrolled person residing in New Zealand can remain enrolled with a health provider without a consultation or confirmation of enrolment received. Therefore, we may need to request you to re-enrol after 3 years. For further details on enrolment requirements, please refer to Clause 7 in the link below. <https://tas.health.nz/assets/Primary-psaap-u14/Enrolment-Requirements-for-Contracted-Providers-and-PHOs-Version-4.1.pdf>

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 GP, outside of BMC, who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice. If I have a High User Health Card or Community Services Card and I visit another GP outside of BMC, who is not my regular doctor, 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 PHO and Ministry of Health to obtain subsidised 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.

Health Information

Members of my health team may:

- add to my health record during any services provided to me and use that information to provide appropriate care
- share relevant health information to other health professionals who are directly involved in my care

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 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, Immunisation, Diabetes) may be sent to the 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 National Health Index Identifier (NHI) may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long 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.

Health Information to Private Insurers

I understand that where the cost of service(s) provided by my doctor and/or nurse have been or will be claimed from a private health insurer that BMC may be required to provide the insurer with details of the consultation(s) and/or procedure(s) relating to the claim(s) if so requested by the insurer. I hereby consent to BMC providing this information to such private health insurers.

E-mail/Text Messaging

Broadway Medical Centre will not, without your express instruction email or text any results information. By agreeing to receive emails or text messages for requests, invitations, and notifications and to participate in health programmes relating to your on-going health care you accept full responsibility for logical and physical security of your email and text system and for notifying us of changes to your email address or mobile phone numbers. Consequently, BMC disclaim any responsibility or liability and you agree to indemnify us for unauthorised access to your email or text messages or unauthorised viewing of information sent by us. By signing the enrolment form you are acknowledging your responsibilities.

Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical practice unless I give specific consent for this information to be communicated.

COMMUNICATION OF TEST RESULTS

When ordering a test or investigation the clinician will advise you how you will find out the results:

- Patients will be contacted with all significant test results or if any follow-up is needed.
- Patients are contacted with the result of [urgent tests](#) results as soon as possible.
- Once the clinician has read the results these will be added to your ManageMyHealth™ account if you have one.
- Patients are advised of positive HIV test results in person.
- Warfarin anticoagulant patients are advised to phone the practice by the end of the same working day for their INR results and warfarin anticoagulant dosage advice.
- Patients are welcome to phone the nurse regarding their results.

TERMS OF TRADE

1. All services shall be paid on the day.
2. Payment shall be accepted in the form of cash, cheque, direct credit, or direct debit.
3. All services not paid on the day will receive an additional fee of \$5.00 per service.
4. Where it is agreed that payment need not be paid on the day of service, it shall be paid by 20th of the month, following date of invoice and will include the additional fee of \$5.00.
5. Broadway Medical Centre may require payment before a service is provided.
6. Broadway Medical Centre may withhold further provision of service where there is any outstanding amount due.
7. We collect personal information from you in order to ensure good patient care and billing. Providing some information is optional however if you choose not to we may be unable to supply you with the requested services.
8. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected.
9. Where patients are in breach of agreed payment terms, we may disclose this information to debt collection agencies and legal proceedings may follow. This may result in your name and address being entered into the Computer Bureau default listing which will have an impact on your credit rating.
10. Interest may be charged on overdue accounts at a rate to be decided by Broadway Medical Centre from time to time.
11. Costs incurred to recover outstanding monies will be charged to the customer.
12. Termination of our services to you may be applied where there is non-payment without prejudice to any claims Broadway Medical Centre may possess.
13. Prices quoted for services may be adjusted from time to time, and the customer hereby agrees to pay any such adjusted price, e.g., in instances where cost of goods increases, government surcharges increases, errors or omissions by Broadway Medical Centre or its representatives.
14. Prices include GST unless otherwise stated.
15. No goods supplied by Broadway Medical Centre may be returned for credit.
16. Supply of goods for personal use will be covered by the Consumer Guarantees Act 1993.
17. Broadway Medical Centre agrees not to use or disclose any information more than is reasonably necessary in the circumstances for its genuine business purposes.
18. The patient authorises Broadway Medical Centre to collect, retain and use personal information about the patient for the purposes of assessing the client's creditworthiness. The patient authorises any other company or person to provide Broadway Medical Centre with any information of the type referred to above that may be requested of them. The Credit Reporting Privacy Code 2004 has been issued under the Privacy Act and provides specific rights in relation to personal credit information held by credit reporting agencies as per the Privacy Code at www.privacy.org.nz
19. Broadway Medical Centre offers a safe and secure Patient Portal with which you can make online appointments (level 1) and access your personal health information (level 2). Broadway Medical Centre retains the right to grant or (temporarily) revoke a patient access to the Broadway Medical Centre patient portal at any time without any obligations to the patient. More information on use and privacy of the portal are available under www.managemyhealth.co.nz
20. Variations to the Terms of Trade may occur from time to time, and Broadway Medical Centre will display these variations and the current Terms of Trade at Reception as well as notify the patient by way of invoice.

ONLINE PATIENT PORTAL TERMS AND CONDITIONS

ManageMyHealth™ gives you secure access to your individual health information. You can:

- Make an appointment **
- Update your personal details
- Request a prescription from your long-term medications
- Check your laboratory results, immunisation records and allergies
- Access your medical records ++
- Share your health information with another health professional if you choose +++
- Contact your general practice team

** Available from tba. ++ Available after 15th February 2021 +++to be advised

Before you use this service, you must read the terms and conditions and agree to these by signing, at which time your account will be activated. If you do not understand please seek advice on the implications of use.

IMPORTANT: Never use this service in the event of an EMERGENCY - DIAL 111.

Making an appointment online

You can book a face-to-face appointment online using the Online Appointments. All consultations incur a charge and are to be paid on the day of the appointment. If you feel you need to be seen on the same day this can be arranged by calling the practice and our staff will arrange for one of our regular Doctors or Nurse Practitioner to call you back for telephone triage assessment. When booking on-line a standard consultation is 15 minutes. If you require a longer appointment or you are not sure how long your consultation should be or require a special procedure, call the practice to arrange.

Failure to attend an appointment or cancellation within 2 hours of the confirmed time may incur a fee.

Repeat prescriptions

You are welcome to request a repeat prescription online by selecting the items you wish to have repeated. As per our policy, you must allow at least two working days for this service. This will incur a \$15 script fee charge (account fee will be charged if not paid within 3 days). Please indicate which pharmacy you wish to have your script sent to. Your clinician will send you a text message once he/she has completed the repeat prescription for you. If you have not been seen by the Doctor in the last six months, you may be requested to do so. Should you require an urgent script, please call the practice (higher fees apply).

Test results

The patient portal is one way your general practice team will notify you of any test results. They may also phone you. You will receive an email if a test result has been entered into your health summary - make sure you leave the automatic notification on in your inbox. One column in your health summary will include a comment, so always check this just in case any actions are required. As per our results policy you will be contacted by your general practice team if results are abnormal and follow up arranged if it has not already been scheduled.

Health Information

Other information available to you are immunisation records, allergies and other classifications. If you see incorrect information in the Health Summary, please contact the practice and we may amend your details if appropriate.

You will also have the ability to view most of your consultation notes dated after 1st February 2021, when this function will be activated. You can check on any instructions or advice that you have been given by your GP or see changes to your medication doses and plans for ongoing treatment. Please note that some clinicians write their notes in full at the time of the consultation, but others make brief notes or headings and write them up later in the day. It is best to access your notes 24 hours after your consultation. Our 15-minute consultation includes time for note taking but not for completion of all tasks, research and actions arising. These have to be completed outside the consultation. Many of our clinicians will do this later. Please be aware that medical records cannot be a verbatim account and will use medical jargon and abbreviations and that some terms have different meanings to the lay person. Medical notes are often brief and condensed to what is thought to be most clinically relevant. If you have questions about what has been written, please do not hesitate to ask at your next consultation. Legally changes to existing notes are not allowed, however an amendment can be added at a later date

Sending secure messages through the portal

Simple follow-up queries are free of charge, but more complex issues and/or queries not related to a recent consultation can incur a fee. Please note this is a non-urgent service. The advice provided by your clinician is limited by the information you provide and the information we already have in our records. If your request is too complex you will be asked to make an appointment for a consultation and/or pay a fee for the service. This is at the sole discretion of the clinician and the charge is dependent on the time taken. By agreeing to use this service you agree to pay the associated fee (if applicable) within 7 days. Please note, if have not heard back from the practice within five (5) working days of sending a secure electronic message through the portal, phone the medical centre and speak to one of our team.

Technical support

ManageMyHealth™ is provided by a New Zealand software company called Medtech Ltd. Medtech staff cannot access your information because it is encrypted. If you are having problems with the portal, please go to: <https://www.managemyhealth.co.nz/m/Misc/ContactUs>

Please confirm on the front page that you have read the following and wish to register for ManageMyHealth™:

- am 16 years of age or older.
- have my own unique email address to ensure privacy of content of the portal.
- have read and understand the above information. By activating my account, I agree to the above Terms and conditions. For serious or problems or urgent care I will call my health centre on 03 4774335 or dial 111 in an emergency.
- am aware that misuse of this service will result in suspension of my ManageMyHealth™ account.
- have provided photo ID to confirm I am the patient as mentioned below.
- acknowledge that to ensure the security and privacy of my health information, I must not share my password with anyone