Lincoln Medical Centre

Market Square, 1 Gerald Street,
Lincoln. 7608
Ph: 03 325 2411 Fax: 03 325 2432

ENROLMENT FORM

April 2024

***Mandatory Details**

Anyone over the age of 16 years must complete their own enrolment form

Pegasus™

Practice Name* **Lincoln Medical Centre**	**Doctor Name**	**NZMC**	**EDI: lincolmc**	*NHI *(Office use only)*

Legal Name*	(Title)	*Given Name	*Other Given Name(s)	*Family Name
Other Name (s)		Other Name	Other Given Name(s)	Other Family Name (eg. maiden name)
Preferred Name		Preferred Name	***Date of Birth** Day / Month / Year of Birth	*Place of Birth
Gender*		☐ Male ☐ Female ☐ Gender diverse (please state)		*Country of Birth

Usual Residential Address*	House (or RAPID) Number and Street Name	Suburb	Town / City and Postcode
Postal Address (if different from above)	House Number and Street Name or PO Box Number	Suburb	Town / City and Postcode

Contact Details	Mobile Phone	Home Phone	Email Address	
Emergency Contact*	Name		Relationship	Mobile (or other) Phone

Community Services Card	☐ Yes	☐ No	Day / Month / Year of Expiry	Card Number
High User Health Card	☐ Yes	☐ No	Day / Month / Year of Expiry	Card Number
Smoking Status*	☐ Smoker	If yes, would you like any support to quit? ☐ Yes ☐ No	☐ Ex-Smoker Less than 12months ago	☐ Ex-Smoker More than 12months ago / ☐ Never Smoked

Ethnicity Details*
Which ethnic group(s) do you belong to?
Tick the space or spaces which apply to you

- ○ New Zealand European
- ○ Maori
- ○ Samoan
- ○ Cook Island Maori
- ○ Tongan
- ○ Niuean
- ○ Chinese
- ○ Indian
- ○ Other (such as Dutch, Japanese, Tokelauan). Please state; ☐

Iwi: _____

Employment Details: are you currently;

Employed ☐ Unemployed ☐ Student ☐ Retired ☐

Occupation: _____

Employer name and address: _____

_____

_____

Transfer of Records	*In order to get the 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.*		
	☐ Yes, please request transfer of my records	☐ No transfer	☐ Not applicable
	Previous Doctor and/or Practice Name	Address / Location	

My declaration of entitlement and eligibility*

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 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** *(If yes, tick box and proceed to **I 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 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 and in the care and control of a parent/legal guardian/adopting parent who meets one criterion 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 or child under 18 years old)	☐
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	☐
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	☐

I confirm that, if requested, I can provide proof of my eligibility*	☐	Evidence sighted ***(Office use only)***	☐

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 on-going provider of general practice / GP / health care services.

I understand that by enrolling with this Practice I will be included in the enrolled population of Pegasus Health Charitable Ltd PHO (Primary Health Organisation) and my name address and other identification details will be included on the Practice, PHO and National Enrolment Service Registers.

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.

Signatory Details*	Signature	Day / Month / Year	☐ Self Signing	☐ Authority

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

Authority Details *(where signatory is not the enrolling person)*	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		

Terms of Trade – Lincoln Medical 2024 LTD

Thank you for enrolling for your medical care with Lincoln Medical. Please take time to read our Terms of Trade.

Payment is expected on the day of consultation or service. Our fees are available on our website or please ask one of our staff. **Non-payment on the day will incur a $10 account fee.**
Lincoln Medical does not hold patient accounts. Some services/procedures will be quoted prior to your attendance and payment may be requested prior to service.

To support New Patients into the practice, it is our position that all new patients over the age of 18 years will be required to have a New patient appointment of 15minutes with a practice nurse, followed by a 15/30minute appointment with a clinician (Nurse practitioner/ GP). The charge for a New Patient Initial consult is $105

Please note that Lincoln Medical 2024 Ltd does not offer a discount for follow-up appointments.

Payment methods available for our patients:

- Eftpos
- Mastercard/Visa
- Direct Bank Credit
- Southern Cross Easy Claim

We welcome direct credit payments to our BNZ bank account **02-1268-0136835-00**
(Please quote your name and date of birth as a reference for the payment)
Direct Credit payments received into the Lincoln Medical bank account **within 24 hours of** the consultation will not incur account fees.

Non-attendance Fee: Failure to attend your appointment or cancellation less than one hour prior to your appointment time **will incur a $37 charge ($17 for under 14s).**

Statements: We no longer send monthly paper statements of accounts, unless specifically requested*. Monthly text messages and emails are generated, notifying you of any outstanding balances, which is also available on the MyIndici patient portal.

Patient Portal (myindici) access will be suspended for those with overdue accounts.

**full transactional paper statements are available on request to be collected from the practice or emailed*

Outstanding accounts of more than 90 days may be referred to our Debt Collecting Agency.

Further medical attention* may be withheld pending payment or appropriate arrangements of payment of the debt.
**Excludes urgent medical attention which we have a duty of care to provide*

All costs incurred in the recovery of your debt will be added to your account and clearly shown as Debt Recovery costs.

Prescribing Drugs of Independence – Our policy is available on our website or from our reception, it is there to protect you and our staff. By signing our term of trade you agree to our controlled drugs policy.

After hours Care – Please contact Pegasus 24hr Surgery on 03 365 777 or Practice Plus website where you can book same day virtual consultations as well as face to face.

Talk to us! We appreciate that medical costs can put pressure on your finances as they are hard to plan for . . .
If you have difficulties in settling your account, we will work with you to set up a regular automatic payment to ensure that your medical bill does not escalate.
Our receptionist can provide details of our bank account. If you have internet banking you may be able to set up your own Automatic Payment. Alternatively, call into your bank and they will help you organise a regular Automatic Payment.

Code of Behaviour
As a patient you deserve to be treated with care and respect, which is why we have a Code of Behaviour.
Our staff are responsible for providing professional care and support towards your wellbeing and health, while ensuring cultural values and religious beliefs are respected.
In return you are expected to treat all staff and fellow patients with the same respect. If you and/or your support person direct verbal abuse at our staff in person (or over the phone) we have the right to request you leave the premises (or terminate the call).
Honest co-operation is expected once treatment is agreed upon and you must accept responsibility for your personal health care.
If you are unable to adhere to these guidelines then you may wish to seek health care elsewhere. By following the Code of Behaviour, we are together ensuring a safe and friendly environment for everyone present.

If you have any questions or concerns regarding our Terms of Trade, please ask our receptionist or contact us: Email: info@lincolnmedical.co.nz

I have read and accept the Terms of Trade in enrolling with Lincoln Medical Centre

PLEASE PRINT NAME: …… ……. DATE OF BIRTH ……

Signed: …… Date: ……..

Lincoln Medical 2024 Ltd

Consents

NAME _____

Service	Consent	Decline
Text Blood Test Results		
Contact Via Email		
Quit Smoking Assistance (If applicable)		

If you would like to enrol for the patient portal (MyIndici) – please come into the practice with a form of ID

Preferred Pharmacy _____

(N.B) This is not applicable for warfrin (INR) results)

Enrolling with General Practice

General Practice provides comprehensive primary, community-based and continuing patient-centred health care to patients enrolled with them and others who consult. General Practice services include the diagnosis, management and treatment of health conditions, continuity of health care throughout the lifespan, health promotion, prevention, screening and referral to hospital and specialists.

Enrolling with a Primary Health Organisation (PHO)

What is a PHO?

Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHO's bring together Doctors, Nurses and other health professionals (such as Maori health workers, health promoters, dieticians, pharmacists, physiotherapists, mental health workers and midwives) in the community to serve the needs of their enrolled populations.

PHO's receive a set amount of funding from the government to ensure the provision of a range of health services, including visits to the Doctor. Funding is based on the people enrolled with the PHO and their characteristics (e.g. age, gender and ethnicity.) Funding also pays for services that help people stay healthy and services that reach out to groups in the community who are missing out on health services or who have poor health.

Benefits of Enrolling

Enrolling is free and voluntary. If you choose not to enrol you can still receive health services from a chosen GP / General Practice / provider of First Level primary health care services. Advantages of enrolling are that your visits to the Doctor will be cheaper and you will have direct access to a range of services linked to the PHO.

How do I enrol?

To enrol, you need to complete an Enrolment Form at the General Practice of your choice. Parents can enrol children under 16 years of age but children over 16 years need to sign their own form.

Pegasus Health (Charitable) Ltd (Pegasus)

Your general practice provider is affiliated to Pegasus. Pegasus provides PHO services and its fund-holding role allows an extended range of services to be provided across the collective of providers. Additionally, Pegasus provides clinical governance, quality and education support to its members.

Q & A

What happens if I go to another General Practice?

You can go to another General Practice or change to a new General Practice at any time. If you are enrolled in a PHO through one General Practice and visit another Practice as a casual patient you will pay a higher fee for that visit. So if you have more than one General Practice you should consider enrolling with the Practice you visit most often.

What happens if the General Practice changes to a new PHO?

If the General Practice changes to a new PHO, the Practice will make this information available to you.

What happens if I am enrolled in a General Practice but don't see them very often?

If you have not received services from your General Practice in a 3 year period it is likely that the Practice will contact you and ask if you wish to remain with the Practice. If you are not able to be contacted or do not respond, your name will be taken off the Practice and PHO Enrolment Registers. You can re-enrol with the same General Practice or another General Practice and the affiliated PHO at a later time.

Contact details

Pegasus Health (Charitable) Ltd
401 Madras Street
PO Box 741
Christchurch 8140

Phone: 379 1739
www.pegasus.org.nz

Health Information Privacy Statement

Your privacy and confidentiality will be fully respected. This fact sheet sets out why we collect your information and how that information will be used.

Purpose

We collect your health information to provide a record of care. This helps you receive quality treatment and care when you need it.

We also collect your health information to help:

- keep you and others safe
- plan and fund health services
- carry out authorised research
- train healthcare professionals
- prepare and publish statistics
- improve government services.

Confidentiality and information sharing

Your privacy and the confidentiality of your information is really important to us.

- Your health practitioner will record relevant information from your consultation in your notes.
- Your health information will be shared with others involved in your healthcare and with other agencies with your consent, or if authorised by law.
- You don't have to share your health information, however, withholding it may affect the quality of care you receive. Talk to your health practitioner if you have any concerns.
- You have the right to know where your information is kept, who has access rights, and, if the system has audit log capability, who has viewed or updated your information.
- Your information will be kept securely to prevent unauthorised access.

Information quality

We're required to keep your information accurate, up-to-date and relevant for your treatment and care.

Right to access and correct

You have the right to access and correct your health information.

- You have the right to see and request a copy of your health information. You don't have to explain why you're requesting that information, but may be required to provide proof of your identity. If you request a second copy of that information within 12 months, you may have to pay an administration fee.
- You can ask for health information about you to be corrected. Practice staff should provide you with reasonable assistance. If your healthcare provider chooses not to change that information, you can have this noted on your file.

Many practices now offer a patient portal, which allows you to view some of your practice health records online. Ask your practice if they're offering a portal so you can register.

Use of your health information

Below are some examples of how your health information is used.

- If your practice is contracted to a Primary Health Organisation (PHO), the PHO may use your information for clinical and administrative purposes including obtaining subsidised funding for you.
- Your District Health Board (DHB) uses your information to provide treatment and care, and to improve the quality of its services.
- A clinical audit may be conducted by a qualified health practitioner to review the quality of services provided to you. They may also view health records if the audit involves checking on health matters.
- When you choose to register in a health programme (eg immunisation or breast screening), relevant information may be shared with other health agencies.
- The Ministry of Health uses your demographic information to assign a unique number to you on the National Health Index (NHI). This NHI number will help identify you when you use health services.
- The Ministry of Health holds health information to measure how well health services are delivered and to plan and fund future health services. Auditors may occasionally conduct financial audits of your health practitioner. The auditors may review your records and may contact you to check that you received those services.
- Notification of births and deaths to the Births, Deaths and Marriages register may be performed electronically to streamline a person's interactions with government.

Research

Your health information may be used in research approved by an ethics committee or when it has had identifying details removed.

- Research which may directly or indirectly identify you can only be published if the researcher has previously obtained your consent and the study has received ethics approval.
- Under the law, you are not required to give consent to the use of your health information if it's for unpublished research or statistical purposes, or if it's published in a way that doesn't identify you.

Complaints

It's OK to complain if you're not happy with the way your health information is collected or used.
Talk to your healthcare provider in the first instance. If you are still unhappy with the response you can call the Office of the Privacy Commissioner toll-free on 0800 803 909, as they can investigate this further.

For further information

Visit www.legislation.govt.nz to access the Health Act 1956, Official Information Act 1982 and Privacy Act 1993

The Health Information Privacy Code 1994 is available at www.privacy.org.nz. You can also use the Privacy Commissioner's Ask Us tool for privacy queries.

A copy of the Health and Disability Committee's Standard Operating procedures can be found at http://ethics.health.govt.nz/operating-procedures

Further detail in regard to the matters discussed in this Fact Sheet can be found on the Ministry website at http://www.health.govt.nz/your-health/services-and-support/health-care-services/sharing-your-health-information