HHB ENROLMENT FORM

Updated July 2026

Hastings Health Centre – 303 St Aubyn St West, Hastings
One Stop Health & Urgent Care 06 873 8999 EDI: hastgshc

Doctor/ Nurse Practitioner				NHI (Office Use Only)
Legal Name	(Title)	Given Name	Middle Name(s)	Family Name
Other Names		Preferred Name	Other Family Name (eg. Maiden Name	
Birth Details		Day / Month/ Year of Birth	Place of Birth /Country of Birth	Country Of Birth
Contact Details		Mobile Phone	Home Phone	Email Address
Text Messaging		Do you consent to receive communication from this practice via text messaging? This includes test results etc		Yes ☐ No ☐
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
Community Services Card	☐ Yes ☐ No	Day / Month / Year of Expiry	Card Number	
Employer:			Occupation or Retired ☐ or Child ☐	
Emergency Contact		Name	Relationship to you	Mobile (or other phone)
Next of Kin Contact		Name	Relationship to you	Mobile (or other) phone

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

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

Assigned Sex at Birth
☐ Male ☐ Female ☐ Indeterminate ☐ Don't know

Gender
☐ Male ☐ Female ☐ Another Gender ☐ Don't know
Please describe the other gender terms you identify with:

Gender Pronouns
☐ He/him/his/himself ☐ She/her/hers/herself
☐ They /them/theirs/themselves ☐ Other pronouns
Please describe the other gender pronouns you identify with:

Smoking/Vaping
What is your current status?

- Current Smoker ☐
- Ex Smoker/Vaper ☐
- Never Smoked/Vaped ☐
- Current Vaper ☐

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, as I am only able to be enrolled at one practice at a time in New Zealand.

☐ Yes, please request transfer of my records ☐ No transfer ☐ Not applicable

Previous Doctor and/or Practice Name | Address / Location

Manage My Health Patient Portal

HHC uses a patient portal called Manage My Health (MMH). This allows you to view some of your practice health records online, book appointments, and order repeat scripts. Do you consent to HHC enrolling you with an account automatically with the provider Manage My Health using the email address provided above.

Yes ☐ No ☐

The Hastings Health Centre Ltd Terms of Trade: Payment is expected at the time of your consultation or on receipt of invoice, unless a prior arrangement has been made. All payments are due within 7 days of invoice date. Overdue payments may incur an administration fee, and further penalty fees may be applied or services withheld until payment is made. Our receptionists can assist you to set up regular automatic payments if this is helpful. Patients with a poor credit history may be asked to pay upfront prior to appointment.

My declaration of entitlement and eligibility

I intend to use this practice as my regular and on-going provider of general practice / GP / health care services.	☐
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 I can provide proof of my eligibility** below)*	☐

If you are **not a New Zealand citizen,** please tick which entitlement 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 and under 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 I am eligible and as required, I have provided proof of my eligibility

☐ Passport **OR** ☐ Birth Certificate + Photo ID

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 / health care services.

I understand that by enrolling with this practice I will be included in the enrolled population of this practice's Primary Health Organisation (PHO) Health Hawke's Bay 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 provide, along with the PHO's name and contact details.

I have read and I understand 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. Taking part is voluntary and all responses will be anonymous. They will only be given your email address, phone number, NHI number and the date of your recent visit to HHC, and they will destroy this information once the relevant survey has been completed. 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. If you do not wish to participate you can click unsubscribe in the email or TXT

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: 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 (eg. parent of a child under 16 years of age)		

Office Use Only	Passport and/or Birth Cert ID…….. ID…… #……	Staff Member Initial

- **Dependents (under 16 only) will also be enrolled in the PHO, as long as I am legally entitled to sign on their behalf (see over).**
- **All Patients must have their own individual enrolment form.**
- **All Patients 16 and over must sign their own enrolment form.**

'Did Not Attend' Policy for Booked Appointments

HHC operates a Did Not Attend (DNA) Policy to ensure appointments are used efficiently and remain available for all patients. By enrolling with the practice, patients agree to comply with this policy, including providing adequate notice if they are unable to attend a booked appointment. Repeated failure to attend appointments without prior notice may result in a warning, or the application of a DNA fee, in accordance with the practice's DNA Policy.

Code of Conduct

Our Medical Centre is committed to providing a safe and respectful environment for everyone. We ask all patients and visitors to treat our staff and others with kindness, courtesy, and respect, just as our staff are expected to do. We have a **zero-tolerance policy** for aggressive, abusive, threatening, or discriminatory behaviour, and such conduct will not be tolerated on our premises.

Use and confidentiality of your health information (fact sheet)

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
- improve our services
- If we receive any health information and it is unclear if you are aware we have it, we will let you know.
- If a privacy breach occurs that is likely to cause serious harm, we will notify affected individuals and the Privacy Commissioner as required by the Privacy Act 2020.

Confidentiality and information sharing

Your privacy and the confidentiality of your information is 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.
- This practice is part of the Shared Electronic Health Record. This means that when you visit ED, an after-hours urgent care centre, the hospital or other health providers, a summary of your health record may be available for them to look at. This helps make the care you receive safer. If you do not want this to happen talk to your general practice team.
- 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.

Use of your health information

Following 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.
- The Te Whatu Ora (formerly 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, cervical screening, bowel screening and breast screening programmes), 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.

Use of Artificial Intelligence (AI)

This practice may have staff that use AI tools to assist in providing healthcare services. All AI-assisted work is reviewed with human oversight to ensure their accuracy and appropriateness. AI will not be used for clinical decision-making or judgment. Your health information will be used in accordance with legislative requirements and will not be shared with AI systems outside the practice without your consent. All data processed by AI tools will be handled securely and in compliance with data protection regulations. You will be informed about how AI tools are being used in your care and can ask questions or request more information at any time. You can also withdraw your consent at any point by notifying the practice.

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 2020

Health Hawke's Bay Health Information Privacy Statement: Publications and Reports - info@healthhb.co.nz

The Health Information Privacy Code 2020 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 concerning the matters discussed in this Fact Sheet can be found on the Ministry of Health website at
http://www.health.govt.nz/your-health/services-and-support/health-care-services/sharing-your-health-information