



Whangamatā Medical Services 2010 Ltd trading as
WHANGAMATĀ MEDICAL CENTRE



Dr Michael Miller
Dr Donna Berry
Dr Jon Elliott
Dr Fiona Bolden

Dr Tasha Robertson
Dr Maryanne Gane
Dr Adrian Gane
Dr Louis Bartoletti

103 Lincoln Road, Whangamatā
Ph: (07) 865 8032
Fax: (07) 865 7235
email: admin@wmcentre.co.nz

Check List for New Enrolment

****Please be aware that your forms need to be returned at least 24 hours before your first appointment. If forms are returned on the same day as your appointment, you will be charged as a casual patient.**

✓ Please tick the boxes to confirm the following:

- ☐ **Both** sides of the enrolment form have **all** boxes completed.
Ensure town and country of birth are filled in.
- ☐ Eligibility that applies, is ticked
- ☐ **Sign and date** form
(Legal guardian must sign and complete authority for children under 16 at bottom of form).
- ☐ Complete "Request for Notes" form. Remember to sign it.
- ☐ Bring in your Passport;
OR, Driver's License or 18+ card **AND** Birth Certificate
These must accompany the enrolment form so we can take a copy.
This is a legal requirement to prove NZ Citizenship / eligibility.
- ☐ Book "new patient appointment" within 2 weeks of enrolment date (1/2 hr with nurse).
There will be a \$30 fee for this appointment which will need to be paid at time of appointment.
Failure to attend will still incur a \$30 admin fee.
You may be required to see a doctor as well – standard consultation fees will apply to this consultation.

PLEASE understand that :

- Failure to provide **all of the above** will result in you remaining a casual patient (and charged accordingly) until the enrolment process is fully completed.
- ***We do not run accounts, so payment is required at time of appointments.***

PLEASE ask your receptionist about the following:

1. MyIndici (online access) – see attached flier.
2. Authority to Divulge – See attached information
3. Terms and Conditions of enrolment with the Whangamata Medical Centre

Documents that prove eligibility:

New Zealand Passport

OR

NZ Birth Certificate (or Cook Island, Niue or Tokelau birth certificate) **AND** two (2) forms of proof that you are the person on the birth certificate

OR

Your NZ Certificate of Citizenship **AND** two (2) forms of supporting identity documentation (one needs to have a photograph of you)

OR

Your Descent Registration Certificate **AND** two (2) forms of supporting identity documentation (one needs to have a photograph of you)

OR

Your valid passport with a NZ Resident VISA (or Residence Permit if issued before 29 November 2010) or Permanent Resident Visa

OR

Your Certificate of Identity issued under the Immigration Act 2009 NZ

OR

Evidence you are currently getting a social security benefit (except emergency benefit) **AND** two (2) forms of supporting identity documentation (one needs to have a photograph of you).

Examples of identity documents include:

- a driver's license
- an 18+ card
- a community services card or SuperGold Card
- a school / tertiary ID card
- an employment contract, a rental agreement, or
- letters addressed to you at your current address

Requirements for these documents are waived for children.

NOTE: Children aged 17 years or younger, in the care and control of a parent or legal guardian who is a New Zealand resident, are eligible for the same publicly funded health and disability services as that parent or guardian. The same applies if the adult is applying to be their adopted parent or legal guardian.

Except for maternity services ([/new-zealand-healthsystem/publicly-funded-health-and-disability-services/pregnancy-services](#)), partners of people eligible for publicly funded health services must themselves meet the eligibility criteria.



Whangamata Medical Centre

PATIENT ENROLMENT FORM



Fields with * are compulsory	Anyone over age of 16 years must complete their own enrolment form	NHI (Office use only)
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Title *	Family Name *	First Name/s *
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Preferred Name:	Other Name/s: (eg: Maiden Name)
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Gender (please tick)	* you would like to be identified as <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse	Sex at Birth (if different)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Ethnicity Details Which ethnic group(s) do you belong to?	* <input type="checkbox"/> 11 New Zealand European	<input type="checkbox"/> 21 Maori - Iwi _____
	<input type="checkbox"/> 31 Samoan	<input type="checkbox"/> 33 Tongan
Tick the space or spaces which apply to you	<input type="checkbox"/> 32 Cook Island Maori	<input type="checkbox"/> 42 Chinese
	<input type="checkbox"/> 34 Niuean	<input type="checkbox"/> 43 Indian
	<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) Please state: _____	

Date of Birth *	Day / Month / Year	Place of Birth *	Country of birth *
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Permanent Address	Unit / House no.	Street Name
	Suburb	Town City

Cell Phone Number	* _____	Email Address *	* _____
	I consent to receive text messages. <input type="checkbox"/> Yes <input type="checkbox"/> No		I consent to received emails <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone Number	* _____	Work Number	* _____

Community Services Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Day / Month / Year	Card Number
High User Health Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Day / Month / Year	Card Number

Postal Address: <i>If different from Permanent Address</i>	Unit / House / PO Box no	Street Name
	Suburb	Town / City

Emergency Contact/NOK	Relationship *
Name *	Contact No: *

* Alcohol Consumption If Yes, what is your average intake? **A unit is one standard drink	Do you drink Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Smoking is an important factor influencing health If you are aged 15 and over, please tick the space that applies for you Smoking is hugely negative on your good health. In most cases, you will experience the benefits of quitting immediately. If you currently smoke, would you like some help to quit?	Currently smoke
	1 – 5 units per week		Recently quit
	6 – 10 units per week		Never smoked
	11 – 15 units per week		Ex-smoker (over 1 year)
	15 or more units per week		Yes
			No

Occupation *	* _____		
Employer Name *	Contact No: *	* _____	
Address *	* _____		

* My Indici If you are over 16 years of age, we suggest your register with My Indici. Please supply your individual email address (can not be used by any other family member) for registration purposes.

I wish to join My Indici (please tick) ☐ Email for My Indici: _____

Preferred Pharmacy: _____

Residential Status:	* If <u>not</u> born in NZ are you a NZ resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	* Are you on a working visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry Date: _____	* Are you a Refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*** My declaration of entitlement and eligibility (please tick as appropriate)**

I am entitled to enrol because I am residing permanently in New Zealand. <i>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>	
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*** 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)	
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*** 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)
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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 Whangamata Medical Centre I will be included in the enrolled population of the Midlands Regional Health Network Charitable Trust, 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.

I agree that this Practice is entitled to charge a fee for health services provided and that those fees are expected to be paid on the day the service is provided.

Any arrangement to defer payment must be authorised by the Office Manager.

Signatory Details	* Signature	* Day / Month / Year	<input type="checkbox"/> Self Signing	<input type="checkbox"/> Authority
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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 <i>(where signatory is not the enrolling person)</i>	Full Name	Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)		

Patient health information privacy statement

We respect your privacy and confidentiality. This fact sheet sets out why we collect your information and how it will be used.

To learn what a primary health organisation is and how this practice is connected, the role of primary care and the benefits of enrolling, see our website www.pinnacle.health.nz.

The Midlands Regional Health Network Charitable Trust (Trust) is a primary health organisation (PHO), of which this practice is a member. It is made up of community, iwi and clinical representatives and is the entity that contracts with Te Whatu Ora (Health New Zealand) or Te Aka Whai Ora (Māori Health Authority) for funding to provide health services.

You directly consent to your health information being collected when you sign an enrolment form to register with a practice.

Overview

Maintaining your trust and privacy is important to us.

- We only collect what we need to help you and your whānau.
- We only use what we know to improve your health and the health of the community.
- We don't sell anything we know to anyone, ever.
- We only share what we know with people in the health system who we know will look after your information the way we do.
- We look after what we know and keep it secure.
- Your health record is YOUR health record - you can see it, correct it, and know what we have done with it - just ask.

What information is collected?

- Information about you (such as your name, date of birth, gender, address, ethnicity, citizenship, NHI number).
- Information about your health.
- Information about health services that are being provided to you.
- Information about the financial transactions around consultation charges.
- We're required to keep your information accurate, up-to-date and relevant for your treatment and care.

Patient enrolment information

The information provided on the enrolment form will be:

- held by the practice
- used by Te Whatu Ora to give you a National Health Index (NHI) number or update any changes
- sent to the Trust and to Te Whatu Ora to obtain subsidised funding on your 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.

Other uses of your health information

Your health information may also be used by health organisations such as Te Whatu Ora, Te Aka Whai Ora or the Trust for the following purposes:

- health service planning and reporting
- monitoring and improving service quality
- payment.

This information will not be used or published in a way that can identify you.

Confidentiality and information sharing

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

- Your health professional may record relevant information from your consultation and use it to provide you with appropriate care.
- When you enrol you give consent to sharing relevant health information with other health professionals who are directly involved in your care*
- Your health information may also be shared with other government agencies but only when permitted under the Privacy Act. It may also be shared if authorised by law.
- Your health information may be reviewed by an auditor either checking on health matters or as part of a financial audit, but only according to the terms and conditions of Section 22G of the Health Act or any subsequent applicable Act.
- 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.
- Your privacy is our priority. We will keep your information secure and prevent unauthorised access. We work with a range of data sources and platforms, and we constantly evaluate our systems and processes to ensure we are using the latest technologies to increase security.

*Health professionals can include, but are not limited to, doctors, nurses, Māori health workers, health promoters, dietitians, pharmacists, physiotherapists, mental health workers and midwives.

Right to access and correct

- You have the right to access your health information and have it corrected.
- You don't have to explain why you're requesting the information, but you 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 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.
- If asking for your health information 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

Health programmes

Health data relevant to a programme in which you are enrolled, such as breast screening, immunisation or diabetes, may be sent to the Trust or the external health organisation managing the programme.

Collecting and storing your health information

Your data is sent securely to the PHO. Robust protocols and processes have been developed for collecting and storing this data. Our processes are fully compliant with the Privacy Act 2020 and Health Information Privacy Code 2020.

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.

Consent options

If you do not agree to have any of your information collected, the only option is to register with a practice but not enrol. This means you would not qualify for funding subsidies and a reduced cost of GP visits.

Visiting another practice

If you visit another practice which is not your regular practice, you will be asked for permission to share information from the visit with your regular practice.

If you have a High User Health Card or Community Services Card and you visit another practice which is not your regular practice, they can make a claim for a subsidy, and the practice you are enrolled with will be informed of the date of that visit. The name of the practice you visited and the reason(s) for the visit will not be disclosed unless you give consent.

Complaints

If you're not happy with the way your health information is collected or used, you can talk to your practice about your concerns.

WHANGAMATA MEDICAL CENTRE

'For All your Family's Healthcare Needs'

103 LINCOLN ROAD,
WHANGAMATA
PH: 078658032 (24 HOURS)

For serious or life threatening situations

DIAL 111

before calling the medical centre

INFORMATION FOR PATIENTS

SURGERY HOURS

A doctor is available 24 hours a day, every day of the year.

Office hours 9.00 to 5.00 Monday to Friday *** 9.00 to 1.00pm Saturday

Consultations by appointment but emergencies will be seen at any time. For appointments or after hours care call 07 865 8032.

As we are the only medical centre in Whangamata appointment times are sometimes disturbed. Please check with the receptionist if you are kept waiting for emergencies to be cleared.

SERVICES

We provide comprehensive primary care for acute and chronic illness.

Specific services include:

Cervical smears
Minor surgery
Joint injection
Contraception
Fracture care
Travel advice & immunisation
Well person checks
Sports injury care

Free Services (during office hours) for :

Childhood immunizations
Diabetes annual checks
All children enrolled with this medical centre under the age of 18 and currently enrolled at school (during office hours)
Family planning/sexual health for enrolled patients under 25.

Nurse Consultations

Our nurses are qualified to provide independent services including:

Cervical smears
Sexual health
Smoking cessation
Immunisations
Well child checks
Diabetes screening
Wound care
Chronic disease education
Home visits

Repeat prescriptions require 24 hours notice.

Lab results are usually available within 4 days.
View them through our online portal MyIndici.

WHO'S WHO

Michael Miller	GP
Donna Berry	GP
Fiona Bolden	GP
Jon Elliott	GP
Tasha Robertson	GP
Mark Vaughan	GP
Rick Budenseik	Locum GP
Ali Hamilton	Locum GP
Lotte Den Ouden	Locum GP
Glenda Powell	Nurse Manager
Mandy Robinson	Senior Nurse
Linda Day	Practice Nurse
Glenys McSweeney	Practice Nurse
Deb Neill	Practice Nurse
Jenny Scott	Practice Nurse
Matea Maich	Registered Nurse
Sue Ward	Enrolled Nurse
Emma Hauk	Casual Nurse
Claire Spinks	Casual Nurse
Rebecca Townsend	Practice Manager
Amy Toroa	Office Manager
Kim Clough	Senior Receptionist
Haylee Wills	Receptionist
Barbara Kelly	Receptionist
Samantha Rose	Receptionist
Carolyn Robinson	Receptionist/Healthcare Assistant
Hannah Bradley	Concierge / Receptionist
Belinda Snell	Practice Wellness Co-Ordinator
Karen Stachurski	Concierge / Receptionist

HOURS

Clinics are held Monday to Friday 9.00 – 12.00 and 2.00 – 5.00pm for scheduled appointments.
Acute appointments are by arrangement and emergencies will be seen at any time.
Saturday morning clinic also available.
Times alter during Summer

COMPLAINTS

We strive at all times to provide the best possible service but there may be times when you are unhappy with the care you have received. It is important that you let us know your concerns; request a complaint form or speak to any member of staff.

FEES

Consultations and repeat scripts must be paid for on the day.
A full schedule of fees is available at the front desk.
If you are having difficulty paying your account please speak to the office. There are several payment options available .

TEACHING

We are an accredited teaching practice for doctors training in general practice (registrars) and for students. If you would rather not be involved in a teaching situation please tell the receptionist or your doctor.

MYINDICI" ALLOWS YOU TO MANAGE YOUR HEALTH ONLINE. IT'S SIMPLE TO REGISTER, JUST SPEAK TO A RECEPTIONIST OR NURSE.

Visit our Website for helpful information

www.whangamatamedicalcentre.co.nz

We invite all our patients who are over the age of 16
to join our online portal

MYINDICI

This secure system allows patients to access their health information 24/7 from their computer, phone or device.



myindici™
my health anywhere

View your health and lifestyle information

Secure communication with your health professional

Review and update your health plans

Book appointments

Anywhere, anytime and any device.
Introducing a modern health app

Connect to the new world of tailored healthcare.
Register today at reception.

myindici.co.nz

myindici™ replaces other patient portals – switch today so you can keep up-to-date with your latest online health records.

You can use your patient portal to:

- Book appointments including phone consults.
- Request repeat prescriptions which can be emailed directly to your pharmacy of choice
- View important notifications and guidance
- And more

**** must have individual email address and provide photo Identification.**



Whangamata Medical Services 2010 Ltd trading as
WHANGAMATA MEDICAL CENTRE



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Dr Fiona Bolden
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Dr Tasha Robertson

Dr Ali Hamilton
Dr Rick Budensiek
Dr Mark Vaughan
Dr Lotte Den Ouden

103 Lincoln Road
Whangamata 3620
Ph: (07) 865 8032
Fax: (07) 865 7235
Email: admin@wmcentre.co.nz

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

Each person 16 years or over to complete and sign own form

To: Fax no:.....

Address: Ph no:.....

Please transfer the medical records for the following people to:

Whangamata Medical Centre, 103 Lincoln Rd, Whangamata 3620

PLEASE SEND BY GP2GP OR POST (We do not accept EDI outbox file transfer)

<input type="checkbox"/>	Dr Donna Berry	NZMC 69518	EDI : whanmcwh
<input type="checkbox"/>	Dr Jon Elliott	NZMC 8857	
<input type="checkbox"/>	Dr Tasha Robertson	NZMC 87687	
<input type="checkbox"/>	Dr Mark Vaughan	NZMC 13566	

Please print and fax/post a list of recalls before you change the status of the patient as these do not transfer in GP2GP.

Family Name	Given Names	Date of Birth

Current Address:

.....

Signed: Date:

Fax Back Acknowledgement: Medical Records Received

Medical Centre: Date:

Signed:



Whangamatā Medical Centre

11 December 2023



Office Hours:

Monday - Friday 9:00am - 5:00pm

Saturday 9:00am - 1:00pm

NORMAL CONSULTATIONS: (in person or by phone)

	Under 6 (Y)	6 - 17 (J1/J2/J3)	18 - 24	25 - 64	65 +	Follow Up **	ACC ***	Nurse Consult
Enrolled	FREE *		\$45.00	\$52.00	\$45.00	\$40.00	\$30.00	\$30.00
CSC			\$19.50	\$19.50	\$19.50	\$19.50	\$19.50	\$19.50
DCSC			---	---	---	---	\$13.00	\$13.00
HUHC			\$15.00	\$15.00	\$15.00	\$15.00	\$30.00	\$15.00

	Under 6 (Y)	6 - 17 (J1/J2/J3)	18 - 24	25 - 64	65 +	Follow Up **	ACC ***	Nurse Consult
Non-Enrolled	\$60.00	\$80.00	\$105.00	\$105.00	\$105.00	N/A	\$60.00	\$60.00
CSC	\$55.00	\$75.00	\$85.00	\$85.00	\$85.00		\$19.50	\$35.00
DCSC	\$55.00	\$75.00	---	---	---		\$13.00	\$35.00
Non-Resident	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00		\$100.00	\$100.00

Extra fees may apply to extended consultations

CSC = Community Services Card (A1)

DCSC = Dependent of Community Services Card holder (J1)

HUHC = High User Health Card (AZ/JZ)

No Card (A3)

* Free Consultations apply to enrolled patients under the age of 18 who are currently enrolled at school (primary, intermediate, high, area). Once a child leaves school consultation fees apply.

** Follow Up appointment fees apply to enrolled patients only

*** ACC Consultations for ALL patients 13 years and under are free of charge.

Prescription	\$20.00
Urgent / Same Day Prescription	\$30.00
Ultra Sound Co-Payment	\$10.00
(to be paid on top of consultation fee)	

Crutches:	
To Purchase	\$100.00
Refund	\$50.00
(if returned within 1 year, in good, reusable order)	

Other Services:

Please note: These are additional charges that may be added to consultation fees
Non-Enrolled patients will incur a Nurse Consultation fee on top of service fee.

	HUHC	CSC	NO CARD				
INJECTION	\$15.00	-----	\$30.00	SPIROMETRY	\$50.00	ABPM	\$40.00
N2	\$15.00	-----	\$30.00	AUDIOMETRY	\$30.00	CXS	\$30.00
B12	\$15.00	\$19.50	\$30.00	STI CHECK	\$30.00	DEPO	\$30.00
BP	\$15.00	\$19.50	\$30.00	EAR SUCTION	\$60.00	ECG	\$35.00
COD	-----	\$19.50	\$30.00	IV THERAPY	\$30.00	BIOPSY	\$65.00
ROS	-----	\$19.50	\$30.00	DRUG TEST	\$50.00	MEDICAL	\$350.00
NEW PATIENT GP CONSULT			\$50.00	INGROWN TOENAIL	\$80.00	MINOR OP	\$250.00
IUCD / MIRENA / JADELLE			\$60.00	INCISION &	\$50.00		

Out of Hours Consultations:

All consultations outside the above stated office hours including evenings, Saturday afternoon, Sundays and Public Holidays will incur a **minimum surcharge of \$40 over the above fees**. This surcharge may vary depending on the circumstances.

All the above fees are at the discretion of the attending physician