



## 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 **AND** 18+ card OR Birth Certificate  
These must accompany the enrolment form so we can take a copy.  
*This is a legal requirement to prove NZ Citizenship / eligibility.*

Once we have received your medical notes from your previous GP practice, Reception will contact you to book a 30-minute new patient appointment with the nurse. A **\$35.00 fee** applies and is payable at the time of your appointment. If you do not attend, a **\$35.00 administration fee** will still be charged.

If your medical history is complex or you take multiple medications, you may be required to book a GP new patient consult in conjunction with the nurse consult. New patient GP fee is **\$60.00** plus standard consult fee.

### 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

For further information about eligibility criteria please refer to

<https://www.healthnz.govt.nz/hospitals-services/eligibility-subsidies/publicly-funded-healthcare>



# 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)

Title \*  Family Name \*  First Name/s \*

Preferred Name:  Other Name/s:   
(eg: Maiden Name)

Gender (please tick) \* you would like to be identified as  
 Male  Female  Gender Diverse  
 Sex at Birth (if different)  Male  Female

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

<input type="checkbox"/> 11 New Zealand European	<input type="checkbox"/> 21 Maori - Iwi _____
<input type="checkbox"/> 31 Samoan	<input type="checkbox"/> 33 Tongan
<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 \*

Permanent Address \*  Unit / House no. \*  Street Name \*   
 \*  Suburb \*  Town City

Cell Phone Number \*  Email Address \*   
 I consent to receive text messages.  Yes  No  
 I consent to received emails  Yes  No

Home Phone Number \*  Work Number \*

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

Postal Address: *If different from Permanent Address*

Unit / House / PO Box no <input type="text"/>	Street Name <input type="text"/>
Suburb <input type="text"/>	Town / City <input type="text"/>

**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.	Currently smoke
	1 – 5 units per week		Recently quit
	6 – 10 units per week	If you currently smoke, would you like some help to quit?	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: \_\_\_\_\_

<b>Residential Status:</b>	* 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.

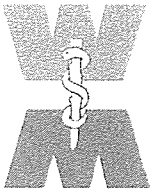
I agree that this Practice is entitled to charge a fee for health services provided and that those fees are expected to be paid on the day the service is provided.

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

<b>Signatory Details</b>	* 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.

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



Whangamata Medical Services 2010 Ltd trading as  
**WHANGAMATA MEDICAL CENTRE**



Dr Michael Miller  
 Dr Donna Berry  
 Dr Tasha Robertson

Dr Gemma Argyle  
 Dr Cat Carragee  
 Dr Jordan Collier

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**

**PLEASE SEND ELECTRONIC FILES VIA GP2GP**

*Please scan any hard copy files and send via GP2GP as we do not accept hardcopy files  
 via post*

Dr Donna Berry	NZMC 69518	EDI : whanmcwh
Dr Tasha Robertson	NZMC 87687	

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
.....	.....	.....
.....	.....	.....
.....	.....	.....

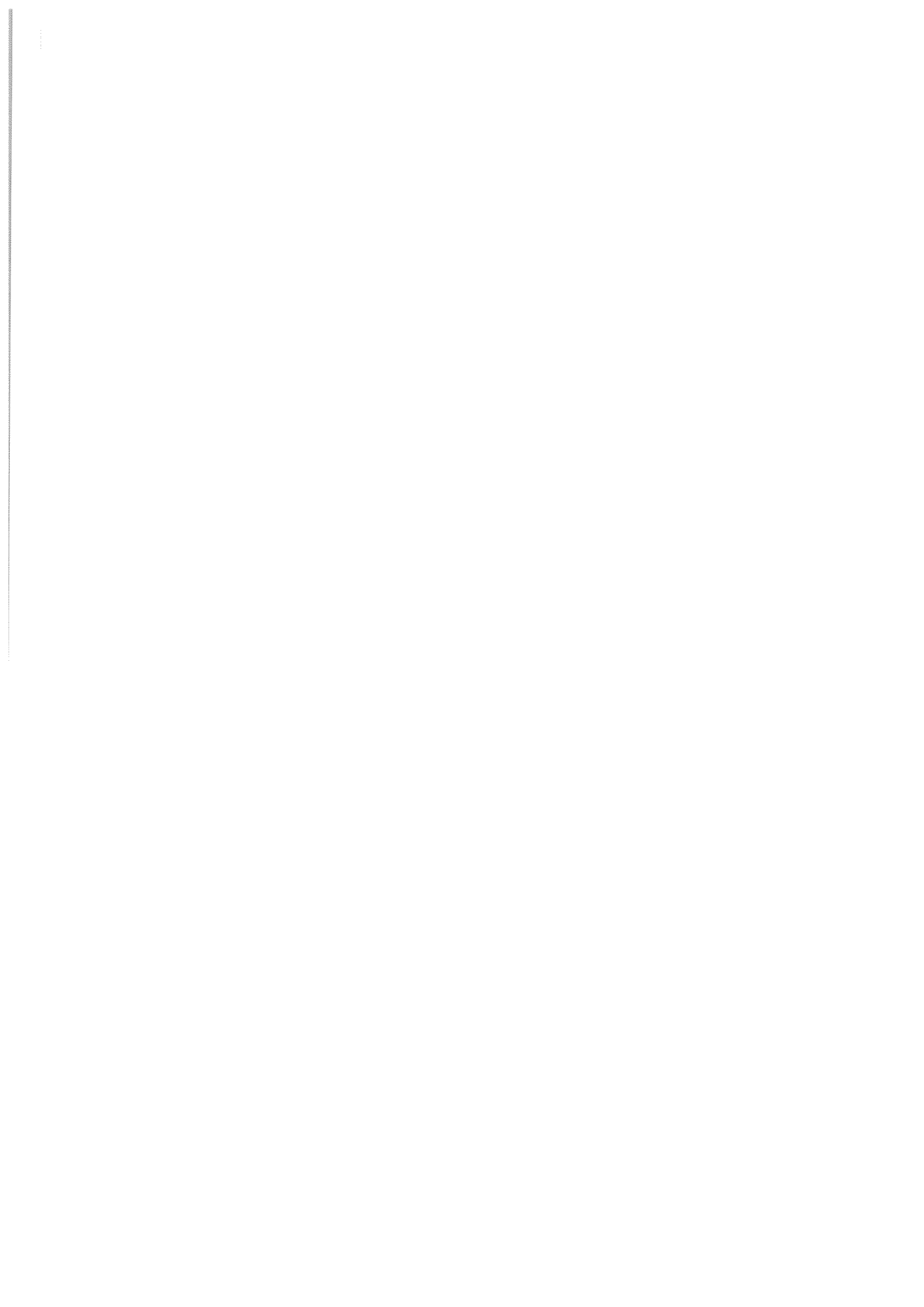
Current Address: .....

Signed: ..... Date: .....

Fax Back Acknowledgement: Medical Records Received

Medical Centre: ..... Date: .....

Signed: .....





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## Terms and Conditions of Payment

It is policy of this practice that payment is required on the day of consultation/service. Please note that if you are unable to pay your account on the day, it is your responsibility to notify a receptionist of this before your appointment or the service is provided (e.g prescription request). A full list of fees is available upon request.

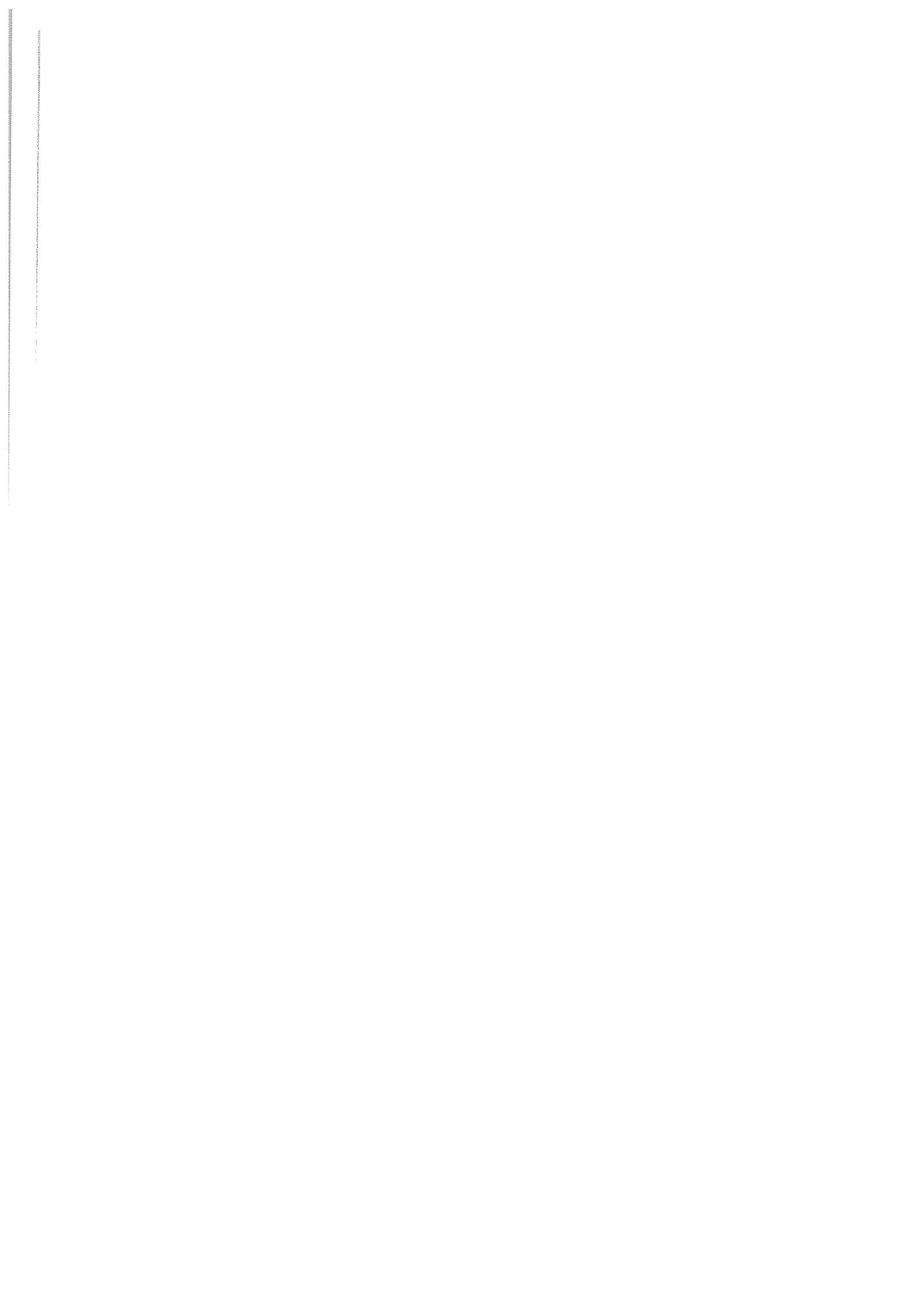
### Whangamatā Medical Centre's Terms and Conditions:

- Payment is accepted by cash, Eftpos, Visa, Mastercard or online banking.
- Appointments are 15 minutes long – if you require longer than this, please advise reception at the time of booking. Additional charges will apply.
- There is a charge for repeat prescriptions. Repeat prescriptions can only be issued for regular medications and require a medical review with the doctor within the 6 months prior. 72 hours notice is required for this service.
- Whangamatā Medical Centre uses a debt collection agency. Any unpaid accounts plus cost in recovering the unpaid account will be the responsibility of the patient.
- Please advise us of any changes to your contact details or eligibility to receive funded healthcare in New Zealand (e.g. visa status)
- Whangamatā Medical Centre will not accept any verbal or physical abuse towards staff. Should an incident occur, it may affect your enrolment with our practice.

I acknowledge that I have read the above and agree with these terms and conditions.

Signed:

Print Name:





## Heidi AI Consent Form

At our clinic, we use a smart assistant called Heidi AI to help your doctor take notes during your visit. This means your doctor can focus more on you and less on typing.

### What is Heidi AI?

Heidi is a secure digital assistant that listens during your consultation and helps your doctor write up your medical notes. It's like a helpful scribe—it doesn't make decisions or give medical advice.

### What Happens with Your Information?

- No recordings are saved. Heidi listens live but doesn't keep any audio.
- Your notes are safe. Once your doctor finishes the notes, the transcription is deleted.
- Your privacy is protected. Your information is stored securely and only your doctor can see it.
- Heidi doesn't learn from your data. Your information is never shared with others or used to train AI.

### Your Choice Matters

- You will be asked to provide verbal consent each time Heidi AI is used in a consultation. You can say no to using Heidi at any time - your care won't be affected.
- You can ask to see or correct your notes.
- You can change your mind and withdraw consent whenever you like.

### Your Consent

By signing below, you agree to let us use Heidi AI during your appointment. You understand how it works and how your information is handled.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Questions? Just ask our team or visit [heidihealth.com](http://heidihealth.com)





## WHANGAMATĀ MEDICAL CENTRE FEES

@ 1 September 2025

Office hours: *Monday – Friday* 0900 – 1700

*Weekend Clinic* 0900 – 1300

Please Note: After hours fees (in addition to consultation fees) apply

### NORMAL CONSULTATIONS (Extra fees may apply to extended consultations)

	Under 6 (Y)	6 - 17 (J1/J2/J3)	18 - 24	25 - 64	65 +	Follow Up **	ACC ***	Nurse Consult	Clinical Pharmacist
Enrolled	FREE*		\$55.00	\$62.00	\$55.00	\$45.00	\$35.00	\$35.00	\$55 - \$62.00
CSC			\$20.00	\$20.00	\$20.00	\$20.00	\$19.50	\$20.00	\$20.00
DCSC			---	---	---	---	\$13.00	\$13.00	
HUHC			\$16.00	\$16.00	\$16.00	\$16.00	\$35.00	\$35.00/\$16.00*	\$16.00

*\*Must be related to HUHC condition*

	Under 6 (Y)	6 - 17 (J1/J2/J3)	18 - 24	25 - 64	65 +	Follow Up **	ACC ***	Nurse Consult
Non Enrolled	\$70.00	\$90.00	\$120.00	\$120.00	\$120.00	\$45.00	\$70.00	\$70.00
CSC	\$70.00	\$70.00	\$90.00	\$90.00	\$90.00	\$45.00	\$19.50	\$45.00
DCSC	\$70.00	\$70.00	---	---	---	\$45.00	\$13.00	\$45.00
Non Resident	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$45.00	\$170.00	\$170.00

CSC = Community Services Card	HUHC = High User Health Card (AZ/JZ)
DCSC = Dependent of Community Service Card holder (J1)	No Card = (A3)
*Free Consultations apply to enrolled patients under the age of 18 who are currently enrolled at school (primary, immediate, high area). Once a child leaves school consultation fees apply)	
**Followup appointment fees apply to enrolled patients only	
***ACC Consultation for ALL patients 13 years and under age are free of charge	

### OTHER SERVICES (All fees below are at the discretion of the attending physician)

Prescription	\$20.00	Crutches - to purchase	\$100.00
Urgent/Same Day Prescription	\$30.00	Refund on return (if returned within 1 year and in good reusable order)	\$ 50.00

*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*

SERVICE	HUHC	CSC	NO CARD	SERVICE	HUHC	CSC	NO CARD
INJECTION	\$16.00	-----	\$35.00	BP	\$16.00	\$20.00	\$35.00
N2	\$16.00	-----	\$35.00	COD	-----	\$20.00	\$35.00
B12	\$16.00	\$20.00	\$35.00	ROS	-----	\$20.00	\$35.00

SERVICE	COST	SERVICE	COST
NEW PATIENT GP CONSULT	\$60.00	MEDICALS	\$150 - \$400
JADELLE/ IUCD/MIRENA	\$180 - \$270	DRUG TEST	\$63.00
SPIROMETRY	\$50.00	EAR SUCTION	\$60.00
AUDIOMETRY	\$35.00	IV THERAPY	\$50.00
STI CHECK	\$35.00	INGROWN TOENAIL	\$80.00
DEPO	\$35.00	INCISION & DRAINAGE	\$50.00
INFUSION	\$150.00	ABPM	\$50.00
SMEAR	\$35.00	ABPI	\$40.00
ECG	\$40.00	MINOR OP	\$350 - \$450
		BIOPSY*biopsy fee is in addition to consultation fee	\$100.00

#### Out of Hours Consultations:

All consultation, either in person or over the phone, outside of office hours including evenings, weekends, and Public Holidays will incur a minimum surcharge of \$40.00 over the above fees.

This surcharge may vary depending on the circumstances.



# YOUR MEDICAL RECORDS

## **“Authority to Divulge” – what is this??**

An “Authority to Divulge” form gives WMC staff permission to release any medical information, including taking repeat prescription requests and giving out test results, to persons named by the patient. Basically, without this authority, we are prohibited under the Privacy Act to release any information or discuss any patients' medical needs or

history with any person, other than another Health Professional involved in the patient's care.

You can request a form from Reception or your Nurse or GP, or download a copy from our [website](#), complete and sign it and have it witnessed by any member of the medical centre staff. It is entirely your choice who you name and it will be scanned into your patient record in case you change medical centres. We encourage all patients to consider this practicality as none of us know when a misfortune may occur that necessitates a family member or close friend's involvement.

**An “Authority to Divulge” only gives another person access to your medical records and in no way involves any decision making on their part.**



## **“Advance Directive” . . . the next step**

An “Advance Directive” (also referred to as a Living Will) gives the patient an advanced use of their right to choose or refuse any health care procedure or treatment in the event they are not competent to do so. Information is available at Reception for you to read and you are advised to discuss it with your GP, who will ensure your decisions are informed and workable. They will assist in completing the form and are required to certify your competence to make the decision. A certain peace of mind may be gained by making these sensitive decisions in the absence of any pressures and while you are able to discuss your wishes with family.

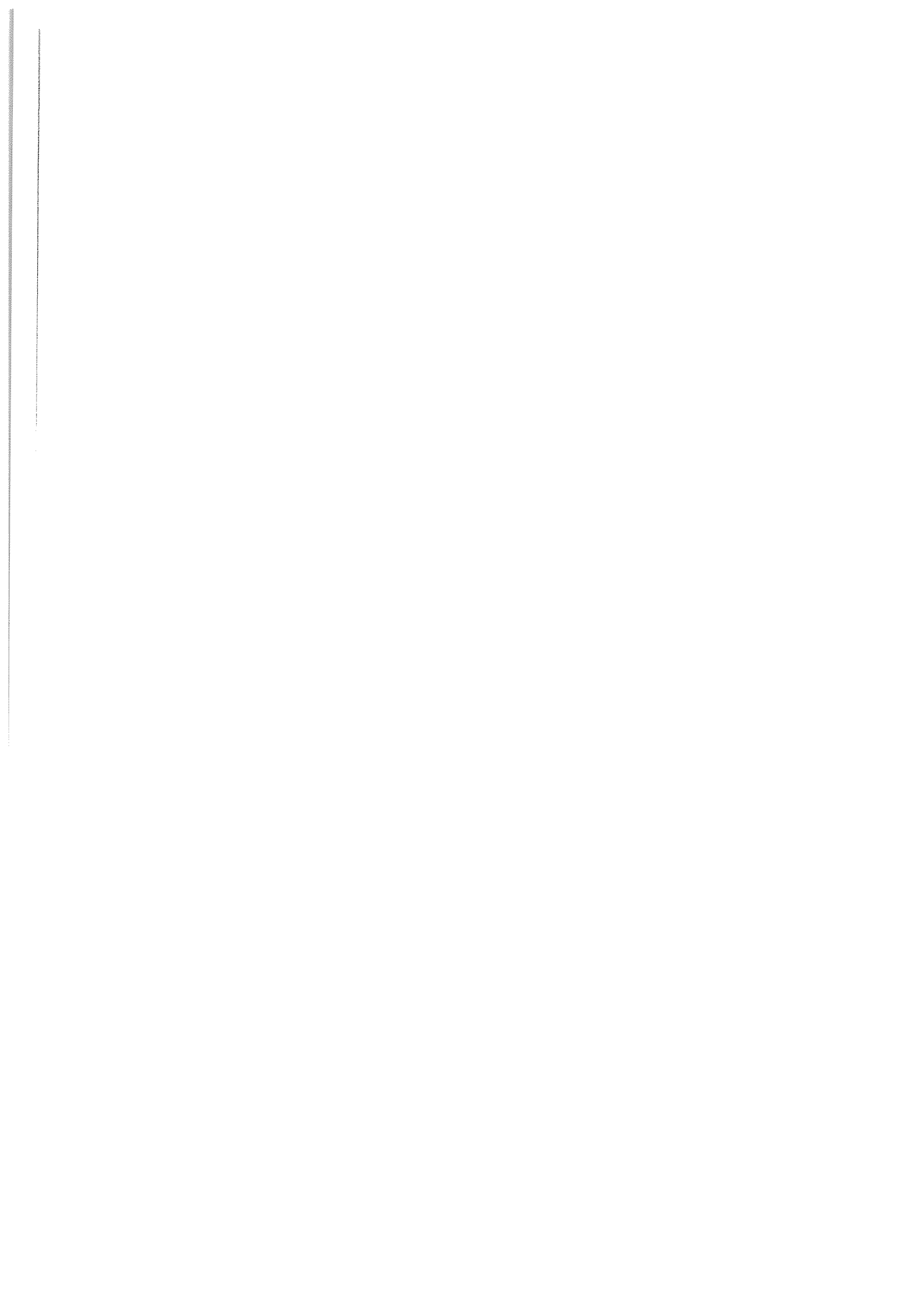
## **“Enduring Power of Attorney” . . . . a step further**

This requires a conversation with your Solicitor who will advise and draw up legal documents specifying your wishes and naming one or more persons who you want to make decisions about your health care or other personal property situations. Your GP can also assist by discussing options available to you.

All the documents mentioned above are essential to a seamless transition through end-of-life care should disaster strike at any age, and will ensure your family are confident they are complying with your wishes.

**These documents must be legally activated by a Doctor and sent to your solicitor before the person named in the EPOA can make decisions on your behalf.**

It's the conversation no-one really wants to have, but it can provide peace of mind to yourself and your loved ones.



# 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](http://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.

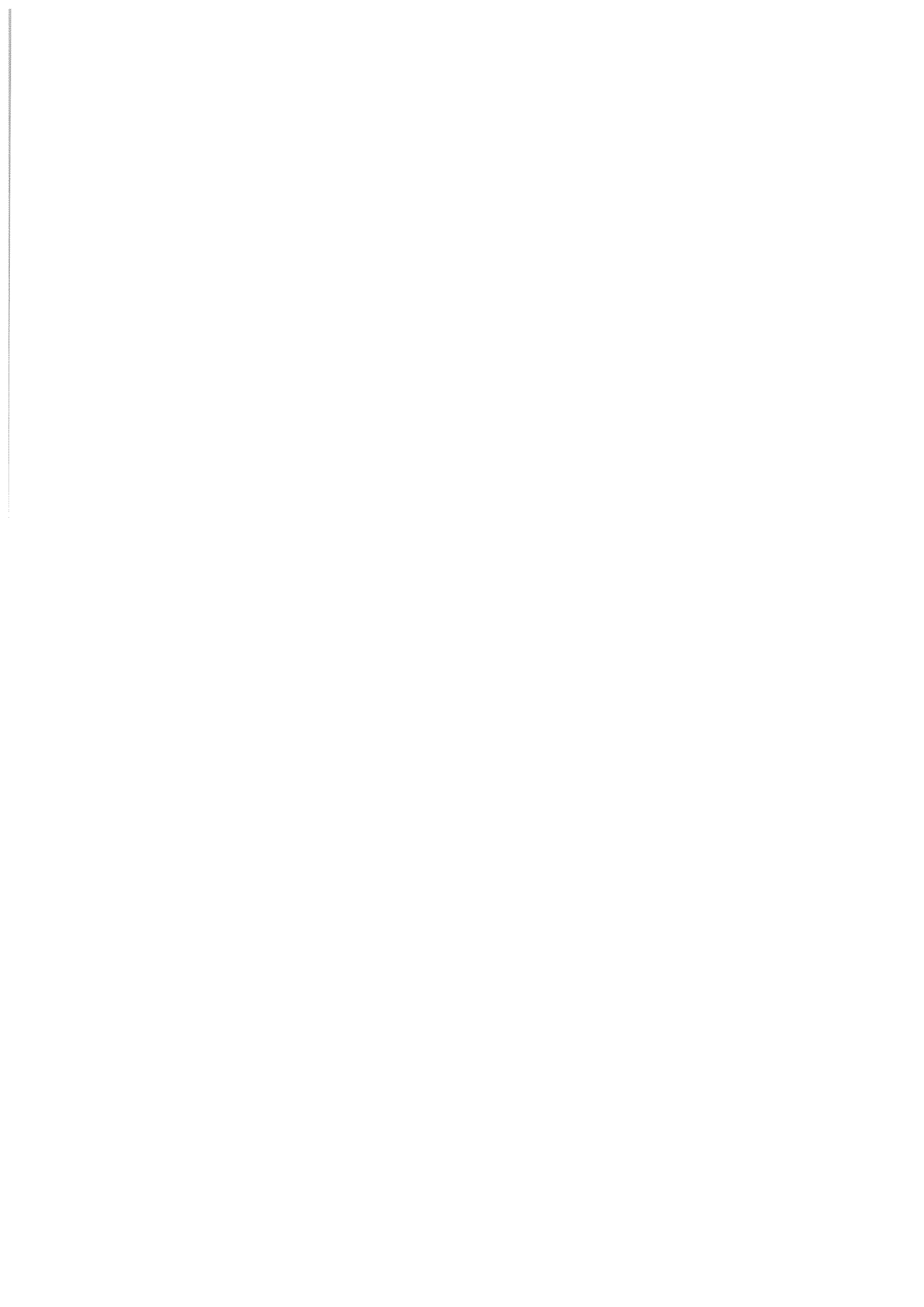
## Visiting another practice

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 (afterhours fees apply to Saturday Clinic). 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  
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.

### THE TEAM

Michael Miller	GP
Donna Berry	GP
Tasha Robertson	GP
Gemma Argyle	Locum GP
Catherine Carragee	Locum GP
Jordan Collier	Locum GP
Mandy Robinson	Nurse Manager
Katryna Muir	Nurse Lead
Glenda Powell	Practice Nurse
Linda Day	Practice Nurse
Glenys McSweeny	Practice Nurse
Deb Neill	Practice Nurse
Jenny Scott	Practice Nurse
Sue Ward	Practice Nurse
Autumn McCumber	Practice Nurse
Delia Vorster	Practice Nurse
Rebecca Townsend	Practice Manager
Amy Toroa	Office Manager
Debz Petersen	HR Manager
Kim Clough	Senior Receptionist
Samantha Rose	Concierge / Receptionist
Karen Hughes	Concierge / Receptionist
Carolyn Robinson	Concierge / Receptionist
Lisa Ebbett	Concierge / Receptionist
Donna Tapara	Concierge / Receptionist
Shannon Sullivan	Practice Wellness Co-Ordinator

#### 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 (incurs afterhours fee).  
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

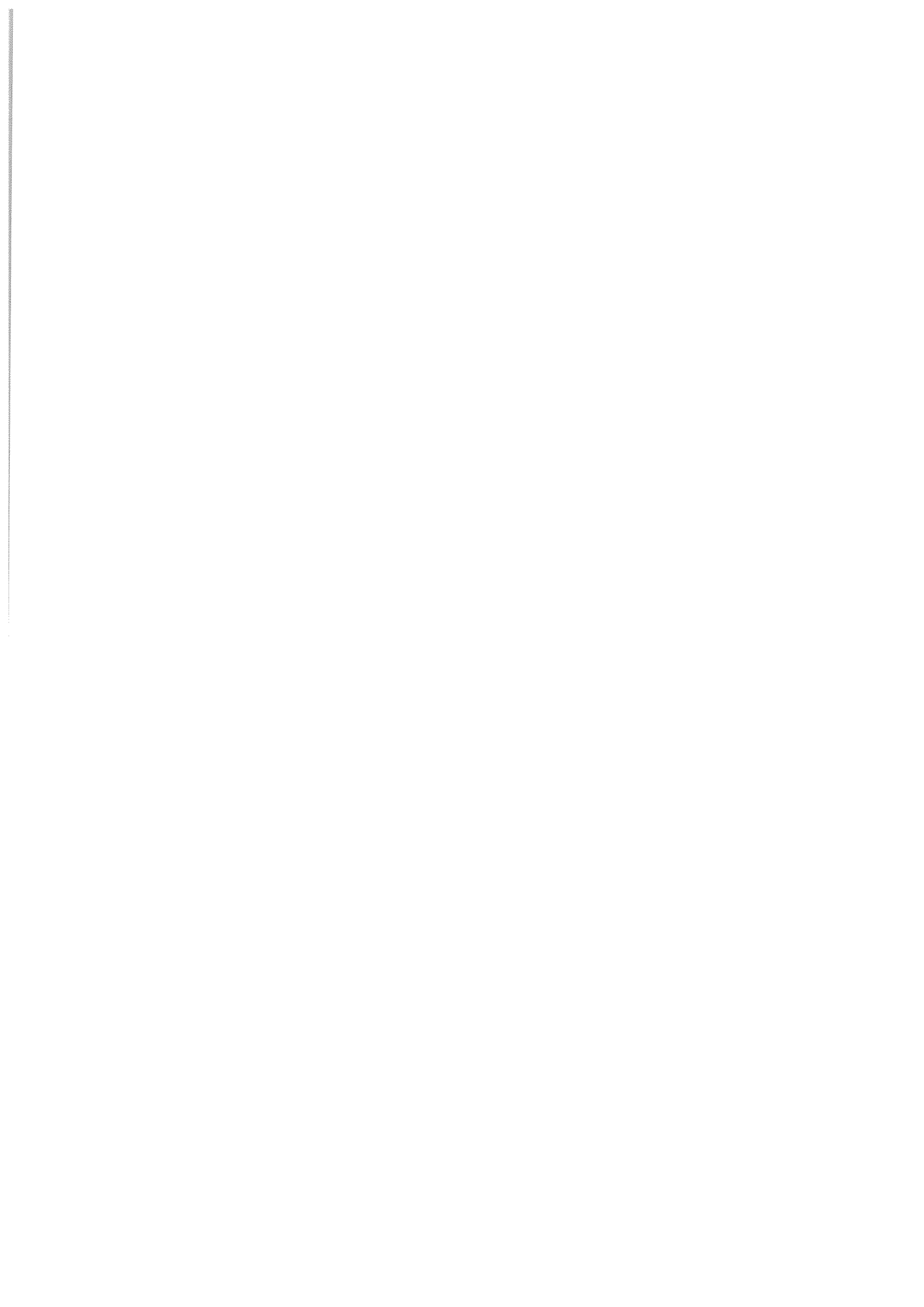
Consultations and repeat scripts must be paid for on the day. All consultations during weekends and afterhours incur a \$40 fee.  
A full schedule of fees is available at the front desk.  
If you are having difficulty paying your account please speak to the office. There are several payment options available.

### TEACHING

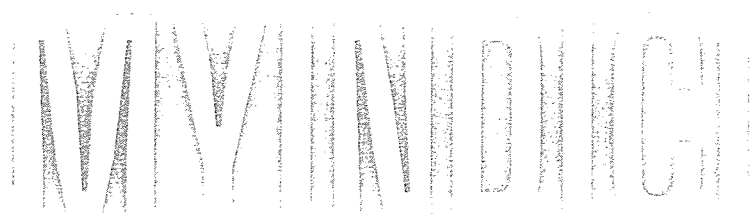
We are an accredited teaching practice for doctors training in general practice (registrars) and for students. If you would rather not be involved in a teaching situation please tell the receptionist or your doctor.

**"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](http://www.whangamatamedicalcentre.co.nz)\*\*



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



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

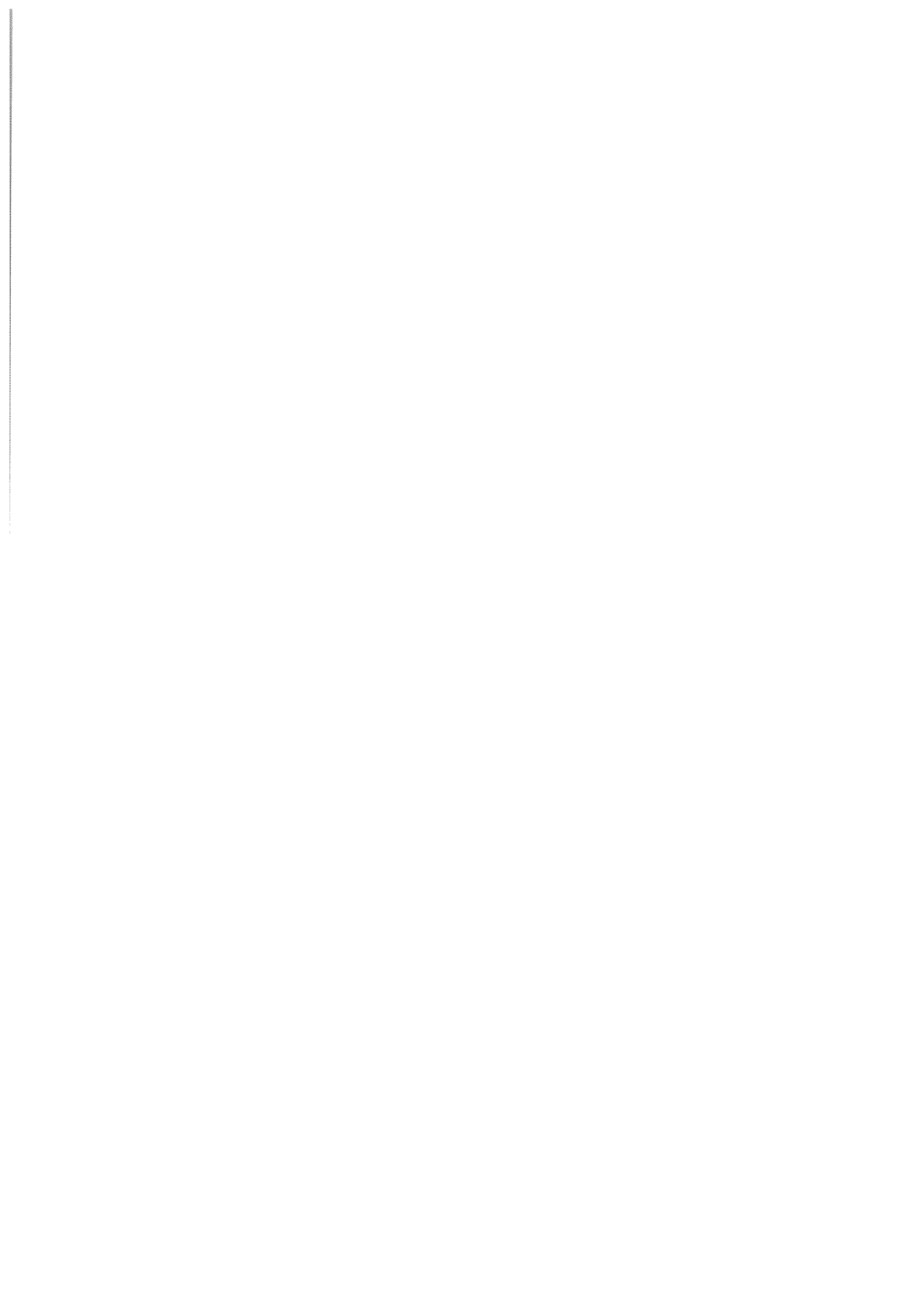
From the new world of digital health care, we're here to help you.

[myindici.co.nz](http://myindici.co.nz)

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.**





## WHANGAMATĀ MEDICAL CENTRE

### MYINDICI PORTAL CONSENT

**MyIndici** is a secure online patient portal that allows you to manage your health needs from home.

Through **MyIndici**, you can:

- **Order repeat prescriptions** (please allow 72 hours; for urgent prescriptions, phone 07 868 8032).
- **View your test results** once they have been reviewed by your GP; you will receive an email notification when your records are updated.
- **Receive secure messages** from your GP

MyIndici enables secure electronic communication and helps our medical centre manage day-to-day operations.

**Please note:** The MyIndici appointment booking function is **not available** for Whangamatā Medical Centre.

By signing this form, you agree that MyIndici will be your **primary method of non-urgent communication** with Whangamatā Medical Centre.

#### Patient Consent

I, \_\_\_\_\_ (Full Name), confirm that I have read and understand the information above. I agree to the use of MyIndici as my main form of communication for non-urgent matters with Whangamatā Medical Centre.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

