



ROTORUA MEDICAL GROUP LTD

WELCOME – HAERE MAI - we are 1 Practice with 2 Clinics - Central Health and Fairy Springs Medical Centre

WHO ARE WE?

Rotorua Medical Group is a dedicated team of healthcare professionals aiming to provide you and your family with excellent healthcare and service.

We have two practice sites where you can choose to be seen, **Central Health** in the Rotorua CBD and our **Fairy Springs Medical Centre** located at the cnr Fairy Springs & Old Quarry Rd.

HOW DO YOU CONTACT US?

You can phone us on (07) 347 0000 or email admin.rmg@raphs.org.nz or register to our **FREE Patient Portal MyIndici**. If you are phoning us after hours, then your call will be redirected to the after-hours service providers at Lakes Prime Care, Tutanekai Street Rotorua.

WHEN ARE WE OPEN?

Both sites are open Monday to Friday 8.00am to 5.00pm.

IMPORTANT THINGS TO KNOW

Meeting the doctor for the first time:

When meeting for the first time it is important that you and the doctor have the time to discuss your health history and current health needs so your first appointment will take longer than a standard appointment. At this first appointment you will meet one of our Practice Nurses who will set in place any routine health screening or recalls required before you meet the doctor.

This initial appointment you will also give you the opportunity to discuss any particular Cultural or Communication needs you may have.

No charge will be made for seeing the nurse at this visit but there will be an additional charge for the extra time spent with the doctor.

Pricing Policy:

As a **“very low cost access”** practice we are able to offer a competitive government subsidised rate for a single standard consultation with the doctor is 20 minutes – including notes by GP. A pricing board detailing our standard consultation charges is displayed in our reception area. If you require a longer consultation time, please let our staff know when you make your appointment. This will minimise the delay for those patients whose appointment follows yours. Any extra time taken with the doctor or additional procedures, services or consumables used are not subsidised and will attract an additional charge.

Payment:

We expect payment on the day but allow up to 7 days from service.

If payment is not paid within this time a statement fee of \$10.00 may be applied to all unpaid accounts at the end of the month. We do encourage anyone having financial difficulties to set up automatic payments and our reception staff/Administrators can help you to organise this.

All accounts outstanding for 90 days or more will be referred to an external debt collection agency where additional fees will be incurred, and a collection fee added to the outstanding amount.

Repeat prescriptions:

Repeat prescriptions may be available for certain medications, however please do not be offended if you are asked to attend for review. It is important to periodically review treatment to ensure it remains appropriate. When you telephone to request a repeat prescription please have the following information available for us, your name, date of birth, name of medication(s) required and collection details. Alternatively you can use the patient portal service MyIndici.

We do require 2 working days notice to process your repeat prescription request. SAME DAY REQUESTS may be available, but at an additional cost. Payment is due on collection for prescription orders

Results:

We will endeavour to contact patients with any abnormal results as soon as they are received by us, it is important therefore that you keep us up to date with any changes to your contact details. We do encourage you to make contact with us though when you are expecting results

WHAT OTHER SERVICES DO WE OFFER?**Doctors Triage Clinic @ Central Health and Fairy Springs Medical Centre:**

This clinic is for enrolled patients who have a single urgent (acute) medical problem requiring attention that same day. Check with our reception staff on daily clinic times.

Nurse appointment include: Sexual Health, Contraception, Smoking Cessation Advice, Diabetes, Blood Pressure, Asthma, Immunisations, Long Term Condition Management Programme, Heart Risk Assessment.

Some of the Specialised Medical Services We Offer:

Minor Surgery, Driving Medicals, Immigration Medicals, Well Woman and Well Man Checks, Recreational Dive Medicals, Insurance Medicals, Contraceptive Implants, Travel Vaccinations **(Please note that these services are not subsidised).**

MyIndici: is a **FREE Phone app** which allows you remote access to, order repeat prescriptions and view your lab results – registration is easy; just talk to our reception staff today.

Meet our Team @ Central Health:

Our Doctors: Dr Anne Walsh, Dr Lucinda Cheesman, Dr Roger Willis, Dr Toby Hutchinson, Dr Asrih Arif

Our Nursing Team: Elaine, Sonya, Hart, Tania

Clinical Assistant: Katrina, Lauren

Meet our Team @ Fairy Springs Medical Centre

Our Doctors: Dr Dave Sharples, Dr Lilian Kitally

Nurse Practitioner: Cyndi

Our Nursing Team: Selena, Michael, Andrea, Millie

Clinical Assistant: Debbie

Meet our Admin Team

Practice Manager: Christine Goldsmith

Administration: Lorraine, Charlie, Katie

Reception: Deborah (Lead) Wyn, Renee, Tasharn, Carmen, Kerry

PO Box 1424, Rotorua 3040

Telephone: (07) 347 0000 (both sites)

General Enquiries : admin.rmg@raphs.org.nz

Account Enquiries : accounts.rmg@raphs.org.nz

Compliments and Complaints : Practice.rmg@raphs.org.nz

Enrolment Form Checklist

Before giving an enrolment pack please ask:

“Are you currently enrolled with a GP in Rotorua?” If they answer ‘yes’ advise them that we are unable to enrol them as they already have a GP in Rotorua. If they answer, ‘no’ give the enrolment pack.

All patients 16+ need to sign own form

- Full Name (as per passport if passport is being used as ID)
- Preferred Name (if applicable)
- Date of Birth
- Town of Birth
- Country of Birth
- Address
- Ethnicity (specified. For example, specify Vietnamese, Filipino etc. rather than Asian)
- Eligibility Checklist
- Signed and Dated
- Previous GP (if you would like your notes forwarded onto us by your previous GP. Please note we are unable to request notes from overseas.)
- Health Information Privacy Statement – signed and dated.

Documents Required to Prove Eligibility

NZ Citizens (over 18)

- Photo ID
- Proof of address
- If patient is a Citizen and born outside New Zealand, a NZ Passport or Citizenship Certificate is required.

Work/ Resident Visa Holders

- Passport
- Proof of Address (over 18 only)
- Visa (work visas need a minimum of 24 months to be eligible to enrol)
- NZ Birth Certificate for children born in NZ but parents are on visas.

Proof of Address – must have name and address (example acceptable forms below)

- Rental agreement

- Utility Bill
- Bank statement
- Payslip

One form of Photo ID (example acceptable forms below)

- Passport
- Drivers Licence
- 18+ Card
- Kiwi Access
- Community Services Card (if no other form of Photo ID can be provided)

Please note that enrolments cannot be processed without the necessary documents required to prove eligibility.

It is desired that you contact 07 985 4669 or email katie.hickey@raphs.org.nz to set up a time to bring your paperwork in to avoid disruption to your enrolment .

The process as per below is a guideline of how our process for enrolling New Patients works. This could be a shorter or longer process depending on inter-clinic circumstances:

- Completed enrolment form and supported documents handed into Central Health
- Patient enrolled in system and medical notes requested if applicable
- If notes have not been received from previous GP in 10 working days, a second request will be sent
- When notes have been received, you will receive an email/text or phone call advising you that the process has been completed and you can now call to book your New Patient appointment/s.
- If notes are not being sent, you will receive an email/text or phone call advising you that the process has been completed and you can now call to book your New Patient appointment/s.



Health Information Privacy Statement

I understand the following:

Access to my health information

I have the right to access (and have corrected) my health information under Rules 6 and 7 of the Health Information Privacy Code 1994.

Visiting another GP

If I visit another GP who is not my regular doctor I will be asked for permission to share information from the visit with my regular doctor or practice.

If I have a High User Health Card or Community Services Card and I visit another GP who is not my regular doctor, he/she can make a claim for a subsidy, and the practice I am enrolled in will be informed of the date of that visit. The name of the practice I visited and the reason(s) for the visit will not be disclosed unless I give my consent.

Patient Enrolment Information

The information I have provided on the Practice Enrolment Form will be:

- held by the practice
- used by the Ministry of Health to give me a National Health Index (NHI) number, or update any changes
- sent to the PHO and Ministry of Health to obtain subsidised funding on my behalf
- used to determine eligibility to receive publicly-funded services. Information may be compared with other government agencies but only when permitted under the Privacy Act.

Health Information

Members of my health team may:

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

Audit

In the case of financial audits, my health information may be reviewed by an auditor for checking a financial claim made by the practice, but only according to the terms and conditions of section 22G of the Health Act (or any subsequent applicable Act). I may be contacted by the auditor to check that services have been received. If the audit involves checking on health matters, an appropriately qualified health care practitioner will view the health records.

Health Programmes

Health data relevant to a programme in which I am enrolled (e.g. Breast Screening, Immunisation, Diabetes) may be sent to the PHO or the external health agency managing this programme.

Other Uses of Health Information

Health information *which will not include my name but may include my National Health Index Identifier (NHI)* may be used by health agencies such as the District Health Board, Ministry of Health or PHO for the following purposes, as long as it is not used or published in a way that can identify me:

health service planning and reporting | monitoring service quality | payment

Research

My health information may be used for health research, but only if this has been approved by an Ethics Committee and will not be used or published in a way that can identify me. Except as listed above, I understand that details about my health status or the services I have received will remain confidential within the medical practice unless I give specific consent for this information to be communicated.

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.

Most general practice providers are affiliated to a PHO. The fund-holding role of PHOs allows an extended range of services to be provided across the collective of providers within a PHO.

Enrolling with a Primary Health Organisation (PHO)

Rotorua Area Primary Health Services (RAPHS), PO Box 1626, Rotorua, Tel (07) 3493563

What is a PHO? Primary Health Organisations are the local structures for delivering and co-ordinating primary health care services. PHOs bring together doctors, nurses and other health professionals (such as Maori health workers, health promoters, dietitians, pharmacists, physiotherapists, mental health workers and midwives) in the community to serve the needs of their enrolled populations.

PHOs 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, 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.

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.

How do I know if I'm eligible for publicly funded health and disability services?

Talk to the practice staff, call 0800 855 151, or visit

<https://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services> and work through the Guide to Eligibility Criteria.

Signed: _____

Date: _____



ENROLMENT FORM
Rotorua Medical Group Ltd
 admin.rmg@raphs.org.nz
 www.rotoruaemical.co.nz

Central Health - 07 347 0000
 1181 Amohia Street, Rotorua


Fairy Springs Medical - 07 347 0000
 Shop 10, 100 Fairy Springs Road,
 Rotorua

We would prefer to receive notes GP2GP Dr: NZMC: EDI: rotomed		Chart # (Office Use only)	NHI (Office use only)
Legal Name	(Title)	Given Name	Other Given Name(s)
Preferred Name		Preferred Name	Other Family Name (eg. Maiden name)
Birth Details		Day / Month / Year of Birth	Town of Birth
Gender		Country of birth	Occupation
Male <input type="checkbox"/> Female <input type="checkbox"/>		<input type="checkbox"/>	
		Gender diverse (please state)	

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day / Month / Year of Expiry	Card Number
Contact Details	Mobile Phone	Home Phone	Email Address
Emergency Contact	Name	Relationship	Mobile (or other) Phone

Smoking Status: Smoker Never Smoked Ex-Smoker **Want help to quit:** Yes Not today

Ethnicity Details: Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>	Fees - Payment for the services we provide is expected at the time of service unless agreed otherwise. Failure to pay within the same month from service provided will result in statement charges.
New Zealand European	FREE Patient Portal Please speak with reception about our patient portal. 
Maori	
<i>Iwi/Hapu:</i>	
Samoan	
Cook Island Maori	
Chinese	
Niuean	
Tongan	
Indian	TRANSFER of RECORDS: <i>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.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Other (such as Dutch, Japanese, Tokelauan). Please state:	
Name of Previous GP:	

PATIENT CODE OF CONDUCT – BY SIGNING THIS ENROLMENT FORM I AGREE TO ADHERE TO THE FOLLOWING CODE OF CONDUCT

- I shall treat all staff with respect at all times – continued mistreatment of staff may result in further action.
- I acknowledge that appointment slots are 20 minutes and if I have more than one issue to discuss I should book a double appointment slot (extra fees may occur).
- I understand that if I miss my appointment or am more than 5 minutes late, I will need to reschedule. A fee of \$10 will apply for missed appointments.
- I understand that a standard consult is \$19.50, however for ACC, Referrals, Letters or other requests outside the scope of a standard consult will incur additional fees.

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 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 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

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 the Primary Health Organisation (PHO) this practice is contracted to, 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	<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:	 <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	 Contact Phone:
Authority Details	Basis of authority (e.g. parent of a child under 16 years of age)		