

STUDENT MEDICAL CENTRE

New patient registration form – international students

Our services are only provided to current AUT students



SECTION 1 PERSONAL DETAILS

1.1 Surname or family name:

1.2 First name(s):

1.3 Preferred name (if applicable):

1.4 Student ID number:

1.5 Year of study:

1.6 Date of birth:

1.7 Gender:
 Male Female Gender Diverse
 Please state:

1.8 Telephone/mobile number(s):

1.9 Home address:
 Apartment/unit number and building name (if applicable):
 Street number and name, suburb/city and post code:

1.10 Email:

1.11 I wish to sign up to online booking Yes No

1.12 Photo ID sighted

SECTION 2 INSURANCE

2.1 Studentsafe – Direct Billing Application or Unicare

**Do you have AUT Studentsafe or Unicare insurance?
 If yes please complete:**

Under your Studentsafe or Unicare University Policy the majority of treatment at the campus medical centre and campus pharmacy can be billed directly to the insurer. This form must be completed if you are seeking treatment at the campus medical centre and wish to apply to use direct billing to pay for the treatment.

Some conditions/consultations cannot be bulk billed and these include pre-existing medical conditions, health screening, contraception etc. If you are attending the medical centre for conditions that cannot be bulk billed and you believe you are entitled to claim your treatment to be paid, you can download a claim form from www.studentassist.co.nz which you will need to complete and submit to the insurer.

By completing this form and using the direct billing you accept the insurer has the right to request details of the diagnosis and treatment related to this medical visit.

Date:

Name:

Signature:

SECTION 3 ETHNICITY

3.1 Which ethnic group(s) do you belong to?
 Tick the box or boxes that apply to you

<input type="checkbox"/> European	<input type="checkbox"/> Asian
<input type="checkbox"/> Samoan	<input type="checkbox"/> African
<input type="checkbox"/> Tongan	<input type="checkbox"/> Niuean
<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian
<input type="checkbox"/> Other – please state:	<input type="text"/>

SECTION 4 FACULTY

4.1 Which faculty are you studying in?

<input type="checkbox"/> Culture and Society	<input type="checkbox"/> Health and Environmental Sciences
<input type="checkbox"/> Business and Law	<input type="checkbox"/> Design and Creative Technologies
<input type="checkbox"/> Te Ara Poutama	<input type="checkbox"/> International House

SECTION 5 EMERGENCY CONTACT IN NZ

5.1 Your New Zealand emergency contact's name:

5.2 Their relationship to you:

5.3 Their telephone/mobile number(s):

SECTION 6 CONSENT

I have been given a copy of the Student Medical Centre Privacy Statement (please turn over)

I understand that consultations are to be paid for on the day or academic results may be withheld or debt collection processes commenced.

I agree to be contacted by text/email Yes No Mail at my home address Yes No

Signature: / /

FEEDBACK, CONCERNS OR COMPLAINTS

If you have feedback, concerns or a complaint about the service you receive from us, you can contact:

Student Medical Centre
 City and South Campus (09) 921 9992
 North Campus: (09) 921 9998
 Email: medicalcentre@aut.ac.nz

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. Exceptions to maintaining confidentiality may occur if it is assessed that there is a serious risk of harm to myself or others.

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 a Community Services Card I will 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 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 the services have been received. If the audit involved 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 (eg. 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 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

Please note that AUT Counselling and Mental Health team share the Student Medical Centre patient database and therefore can access records but do so within the constraints of legislation and professional ethics. Exceptions to confidentiality may occur if it is assessed that there is serious risk of harm to the patient/client or others.

We provide AUT with non-identifiable demographic information about students and staff so that we can measure the effectiveness of our services. This information includes your:

- age
- gender
- ethnicity
- faculty
- the nature of your visit

No personally identifiable information is provided without your consent.

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 of the services I have received will remain confidential within medical practice unless I give specific consent for this information to be communicated.