

REGISTRATION – LONG TERM CONDITIONS PHARMACY SERVICE

PHARMACY	PHARMACY USE ONLY		
	ELIGIBLE (HEALTH SERVICE FUNDING)	Yes / No	NHI

Title		First name(s)		Family name	
Date of birth DD / MM / YY			____ / ____ / ____ Day Month Year	Other names known by	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			Place of birth	
Physical address	Street or Rapid (rural) number	Name of Street		Pharmaceutical Subsidy Card	YES NO
	Suburb			Community Services Card	YES NO
	City/Town	Postcode			
Postal address				High User Health Card	YES NO
Contact details	Day phone	Night phone	Cell phone	Email	
Emergency contact	Name of person to contact		Relationship	Phone number	Other contact details

Which ethnic group do you belong to? Mark the space or spaces which apply.	Other members of my health care team		
New Zealand European		Name	Position
Māori			
Samoan			
Cook Islands Maori			
Tongan			
Niuean		Needs Assessment Service Coordination	
Chinese		I have been assessed by the Needs Assessment Service Coordination	
Indian		(NASC) Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Unsure <input type="checkbox"/>	
Other – Please state		If necessary, I agree to being referred to the Needs Assessment Service Coordination (NASC) Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Unsure <input type="checkbox"/>	

I choose to register with this pharmacy for the Long Term Conditions (LTC) Pharmacy Service.

I confirm I am residing permanently in New Zealand and am eligible to receive publicly-funded health services ¹.

I have read and I agree with the Health Information Privacy Statement (OVERLEAF).

	____ / ____ / ____ Day Month Year
SIGNATURE	DATE

OR Signed by AUTHORITY²

Full name of authority	Contact phone number	Relationship
Address	Signature of authority	____ / ____ / ____ Day Month Year
Detail the basis of authority (e.g. parent of a child under 16):		

¹ Ask pharmacy staff if you are unsure.

² An authority is the legal right to sign for another person if for some reason he/she is unable to consent on his/her own behalf.

Registration Long Term Conditions (LTC) Service

I understand that by registering with the Pharmacy for the Long Term Conditions Service, where possible, in order to improve the care I receive I should get my prescribed medicines and care at this pharmacy. However, I am able to have medicines dispensed at another pharmacy, for example after hours or if I am out-of-town. I also understand that I have the right to exit this service or transfer to another pharmacy at any time.

I understand that my pharmacist may need to consult with other health professionals involved, or soon to be involved, in my care (which over time may extend beyond the members of my healthcare team listed on the previous page), including where this is required for the development of a medication management plan for me, or where my pharmacist may wish to make an application for me to receive an extra level of pharmacy services.

I understand that any consent given in this form applies equally to other services I receive from my pharmacist in relation to my care.

Health Information Privacy Statement

I understand that:

Information about me and my health is collected for the following purposes:

- To help me to be given good quality health care and treatment.
- To add new information to my health record and use that information to provide appropriate care.
- To share relevant health information with other health professionals directly involved in my care (or soon to be), for the purpose of assisting with my care, and I authorise the sharing of that health information between those health professionals for that purpose (including health information collected separately by those other health professionals).

Information about me and my health is also used in the following ways:

- The Pharmacy uses my information for clinical and administrative purposes, including to obtain subsidised funding on my behalf.
- The Ministry of Health uses my information to give me a National Health Index (NHI) number, to update any changes, to measure how well health services are delivered and to plan and fund future health services.
- From time to time auditors are required by law to conduct financial audits of my health service providers. In the course of such audits the auditors may review transactions and I might be contacted by an auditor to check that services have been received by me. In such cases my information is only to be used for the purposes of Section 22G Health Act 1956 to verify claims for payment made by the pharmacy.
- From time to time a clinical audit may be conducted by a qualified health care practitioner to review the appropriateness of services provided to me.
- Health information about me may be made available to the DHB (or the DHB's agent) for audit or other monitoring purposes to comply with relevant contracts that my pharmacy has with the DHB.
- Health information about me may be provided for statistical or research purposes but will not be published in a way that could lead to me being identified. Any research where I am identified must first be approved by an Ethics Committee.
- Information about me and my health that has been collected can be transferred to another pharmacy if I change pharmacy providers.

Access to, and correction of, my health information:

- Those holding my health information are required to protect it against loss and unauthorised access, use, modification, or disclosure.
- I have the right to access health information about me but may be required to provide proof of my identity. I do not have to give a reason for requesting that information. If I request a copy of that information I understand I may have to pay an administration fee for it.
- I may ask for health information about me to be corrected and I can expect pharmacy staff to provide me with reasonable assistance. I acknowledge that my health information may not be changed unless there is reason to. If I choose to I can have a note added to my records.
- The information about me is required to be accurate, relevant, up-to-date and complete.

Legal and policy framework governing health information

For further information see the Health Act 1956, Official Information Act 1982, Privacy Act 1993 and the Health Information Privacy Code 1994. The statutes can be found at www.legislation.co.nz and the Health Information Privacy Code 1994 at www.privacy.org.nz.