

**Royal Heights Doctors - Shop 12 Royal Heights Shopping Centre**  
**138 Royal Rd Massey Auckland 0614**
**EDI : royaldrs**
**Phone 09 3936313 Fax 09 9772 2505**
**Email reception@rhdoctors.nz**

**\*Necessary fields for enrolment – other fields are optional information that helps us look after you better**

**注册的必要字段 - 其他字段是可选信息，可帮助我们更好地照顾您**

<b>* NHI</b>	
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Title 稱呼		<b>* First Name(s) 名</b>		<b>* Family Name 姓</b>	
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Other Names 其他名字 (Please circle preferred name)			<b>* Date of Birth 出生日/月/年</b>	____/____/____ Day Month Year
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<b>* Gender 性别</b>	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/> Gender Diverse 性别多样 (please state):	<b>* Place &amp; Country of Birth 出生国家</b>	
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<b>* Physical Address 地址</b>	Street number 门牌号码	Name of Street 道路名称	Occupation 工作	
	Suburb 市郊		High User Health Card Card Number & Expiry Date: 高用户健康卡和到期日	YES 有 / NO 無
	City/Town 镇	Postcode 邮编		

<b>Postal Address 邮寄地址</b>		Community Services Card (CSC) Card Number & Expiry Date: 社区服务卡号和到期日	YES 有 / NO 無

<b>* Contact Details 联系方式</b>	Landline no 固定电话号码	Mobile No 手机号码	Email 电子邮件地址
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<b>Emergency contact</b>	Name of person to contact 紧急联系人	Relationship 关系	Phone Number 手机号码
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<b>* Which ethnic group do you belong to? Tick the space or spaces which apply to you 种族</b>	<b>Smoking Status 吸烟情况</b>	<b>* Eligibility (see page 2)</b> I confirm that, if requested, I can provide proof of my eligibility. I agree to inform the practice of any changes in my eligibility. 我确认，如果有要求，我可以提供我的资格证明 我同意如果资格注册有任何变化会通知诊所	
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<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Current 目前吸烟者	<b>* Eligible under criteria 我有公立醫療資格 (enter applicable letter from list from page 2) 請翻面看是否府和公立醫療補助資格</b>	*
<input type="checkbox"/> Māori Iwi:	<input type="checkbox"/> Ex-Smoker 戒烟了 Date Quit 戒烟日期:	I have read and agreed to the Enrolment Process, the Health Information Privacy Poster/Statement, and Patient Experience Survey. (Tick) 我已阅读并同意注册使用健康信息声明	*
<input type="checkbox"/> Samoan	<input type="checkbox"/> Never Smoked 从未吸烟	NOT Eligible (Tick if not eligible under any criteria over page) 我没有公立醫療資格	
<input type="checkbox"/> Cook Islands Maori			
<input type="checkbox"/> Tongan			

<input type="checkbox"/> Niuean	Transfer of Records 记录转移 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Not Applicable 不适用
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<input type="checkbox"/> Chinese / Dialect: 华人	In order to get the best care possible, I agree to the transfer of my records from my previous Doctor. I understand I will be removed from their practice register. 为了得到最好的照顾，我同意从我以前的医生那里得到我的记录。我也明白，我将被从他们的实践登记册中删除，请转移我的病历
<input type="checkbox"/> Indian	

<input type="checkbox"/> Other such as DUTCH, JAPANESE, TOKELAUAN, FIJIAN Please state:	Doctor's Name 以前的医生/诊所名: Clinic Name 以前医生诊所名:
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*SIGNATURE 签名	*DATE 日期	PRIVATE HEALTH INSURANCE 私人醫療保險
/                    / Day                    Month                    Year 日                    月                    年		YES 是 / NO 否 Insurance Company 保險公司

**OR Signed by AUTHORITY<sup>11</sup>** An authority is the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Full Name of Authority 有权代表全名或者家长/看护人全名，如果 不满 16 岁	Contact Phone Number 联系电话	Relationship 关系
Address 地址	Signature of Authority 权代表签字	/                    / Day                    Month                    Year 日                    月                    年

Detail the basis of authority (e.g. parent of a child under 16) 你为什么有权代表签字：

## Enrolment in the Practice / Primary Health Organisation (PHO)

I am eligible to enrol because I live in New Zealand<sup>9</sup> and meet one of the following criteria

我有资格注册因为我住在纽西兰而且符合下列其中之一条件:

- a) I am a New Zealand citizen  
我是新西兰公民 OR
- b) I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)  
我持有居留签证或永久居留签证 (如果在 2010 年 12 月之前签发居留证) OR
- 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  
我是澳大利亚公民或澳大利亚永久居民, 能够证明我在新西兰, 或者打算在新西兰至少连续两年 OR
- 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)  
我有工作签证/许可证, 可以证明我可以在新西兰工作至少 2 年 (包括以前的许可证) OR
- e) I am an interim visa holder<sup>10</sup> who was eligible immediately before my interim visa started  
我是临时签证持有人, 在我临时签证开始之前就有资格获得签证 OR
- 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  
我是一名难民或受保护的人, 或正在申请或上诉难民或保护身份者, 或贩卖人口的受害者或疑似受害者 OR
- 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  
我在 18 岁以下, 在一个父母/法定监护人/领养父母的照顾和控制之下, 在上述第 a-f 条款中符合一个标准, 或在社会发展部的行政长官的控制下 OR
- 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)  
我是新西兰援助计划的学生, 在新西兰学习并获得官方发展援助资助 (或其合作伙伴或 18 岁以下的儿童) OR
- i) I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme  
我参加了教育部外语教学助理计划 OR
- 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.  
我是英联邦奖学金的持有者, 在新西兰学习, 并从英联邦奖学金和奖学金基金下的新西兰大学获得资助

## MY AGREEMENT TO THE ENROLMENT PROCESS

**NB: Parent or caregiver to sign if you are under 16 years**

I intend to use this practice, **Royal Heights Doctors** as my regular and ongoing provider of general practice / GP / First Level primary health care services.

我打算将 **Royal Heights Doctors 美西佳医** 作为我的常规和全科医生/卫生保健服务的定期和持续提供者

I understand that by enrolling with this practice I will be enrolled with the **Primary Health Organisation (PHO)** this practice belongs to, and my name address and other identification details will be included on both the Practice, PHO and National Enrolment Service Registers.

我了解到, 通过与 **Royal Heights Doctors 医生** 一起报名, 我将被纳入全国联盟的登记人口, 我的姓名地址和其他身份信息将被纳入实践, PHO 和国家入学服务登记册。

I understand that if I visit another provider where I am not enrolled I may be charged a higher fee.

我明白, 如果我访问另一个我没有注册的医疗保健提供者, 我可能会被收取较高的费用

**I have been given information** about the benefits and implications of enrolment and the services this practice and PHO provides, and their contact details.

我已经得到了关于报名的好处和影响的信息，以及这个练习和 PHO 提供的服务以及 PHO 的名字和联系方式。

**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.

我了解到，“实践”参与了一项有关人们的健康护理体验的全国性调查，以及如何管理他们的整体护理。参与是自愿的，所有回应都是匿名的。我可以通过通知实践来拒绝调查或退出调查。调查提供了用于改善健康服务的重要信息。

**I agree** to inform the practice of any changes in my eligibility.

我同意当我的联系方式和权利和/或资格注册的任何变化时通知我

## HEALTH INFORMATION PRIVACY

**I agree to the practice sharing** my health information with other health providers involved in my healthcare. 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.

我已阅读并同意使用健康信息声明。我在登记表上提供的信息将被用来确定是否有资格获得公共资助的服务。信息可以与其他政府机构进行比较，但只有在“隐私法”允许的情况下。

**I also agree to my information being used** for practice quality/audit activities and to being included in the practice screening, recall and health programmes.

我同意诊所使用我在登记表上的讯息拿来做诊所品质评鉴资料，还有做定其健康筛检通知使用

**I have been informed** of the Health Information Privacy statement posters.

我有被告知健康隐私权条款

<sup>9</sup> The definition residing in NZ is that you intend to be resident in New Zealand for at least 183 days in the next 12 months

在新西兰永久居住定义是你打算在未来 12 个月内至少有 183 天是在新西兰的居住。

<sup>10</sup> If a person has an interim visa this means they are waiting for Immigration to finish processing an application as Immigration issues interim visas if the old visa has run out but the new visa is still being processed. To determine the eligibility of an interim visa holder you should look at what their eligibility status was immediately prior to being issued the interim visa. For example, the person had a two year work permit and has been issued with an interim visa while waiting for their application for another two year work permit to be processed. Immigration usually issues Interim visas in a letter form.

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