WELCOME TO HARLEY STREET MEDICAL

Your enrolment checklist and essential practice information

BEFORE YOU RETURN THIS PACK

☐ Complete and sign the enrolment form (one form for each person). ☐ Return it to Harley Street Medical Reception in person. ☐ Bring your New Zealand passport or New Zealand birth certificate with photo ID. Other eligibility evidence may apply—see page 5.	☐ Each person aged 16 or over signs their own form unless another person has legal authority. ☐ For a child under 16, a parent, caregiver or authorised person may sign. ☐ Ask Reception if you need help completing the form or confirming acceptable identification.

APPOINTMENTS, PRESCRIPTIONS AND RESULTS

APPOINTMENTS	REPEAT PRESCRIPTIONS	TEST RESULTS
• Standard appointments are usually 15 minutes. • Book a longer appointment for several or complex concerns. • Please arrive on time; late or missed-appointment fees may apply. • Same-day appointments may be available. Call Reception or check Manage My Health.	• Please allow at least 48 hours. • Use Manage My Health where possible, or phone the practice. • Prescription and urgent-processing fees may apply.	• Results are released or communicated after clinical review. • If you have not received an expected result, please contact the practice. • Book an appointment if you need clinical interpretation or advice.

DIGITAL COMMUNICATION AND SHARED CARE

MANAGE MY HEALTH	HEALTHONE
• The patient portal may be used for available appointment bookings, repeat prescriptions and reviewed results. • Portal messages are for non-urgent matters only. Keep your login details private. • Learn more: managemyhealth.co.nz	• HealthOne is a secure shared care record used by authorised health professionals involved in your care. • You may ask questions, restrict sharing or opt off by contacting HealthOne. • Learn more or opt off: healthone.org.nz

YOUR HEALTH INFORMATION AND YOUR RIGHTS

We collect information needed to provide safe care, identify you correctly, administer services, meet legal and funding requirements, and improve care. Information may be obtained from you and, where lawful and relevant, from other health providers or agencies. We take reasonable steps to tell you about collection, use and disclosure as required by the Privacy Act 2020 and the Health Information Privacy Code 2020 (including the changes in force from 1 May 2026).

You may ask to access or correct your health information. We protect it with reasonable safeguards and share it only for your care, with your authorisation, or where the law permits or requires. Questions or concerns can be directed to the Practice Manager. Privacy guidance: privacy.org.nz. If you are unhappy with our service, please contact the Practice Manager first. You may also contact the Nationwide Health & Disability Advocacy Service (0800 555 050) or the Health and Disability Commissioner (0800 11 22 33).

This summary replaces the August 2019 health-information handout and the separate HealthOne flyer. Current detailed information is available from the linked official websites.

CONSULTATION FEES

Standard consultations | Effective May 2026

For patients registered and enrolled at Harley Street Medical

AGE	Medical consultation No CSC	Medical consultation CSC	ACC consultation No CSC	ACC consultation CSC
	Standard	Standard	Standard	Standard
65+	$67.00	$20.00	$56.00	$32.50
45–64	$67.00	$20.00	$56.00	$32.50
25–44	$67.00	$20.00	$56.00	$32.50
18–24	$62.00	$20.00	$52.00	$30.00
14–17	$52.00	$13.50	$42.00	$24.00
0–13	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE

Community Services Card (CSC)

The increased funding for Community Services Card holders applies to standard GP consultations only.

Other services and non-standard fees

We offer services in addition to medical and ACC consultations, including nurse consultations, minor surgery and cervical screening. Fees for these services are not shown above. Please ask Reception for the cost of any non-standard or additional service, preferably before your appointment.

Payment

Payment is due on the day of service unless a prior arrangement has been made with practice management. If payment is difficult, please speak with us before your appointment so we can discuss options.

Casual patients

Casual patients are not eligible for the PHO subsidy available through their enrolled home practice, so higher fees apply. Please ask Reception for the current casual-patient fee schedule.

Fees may change. Please confirm current charges with Reception or on the Harley Street Medical website.

Nelson Bays Primary Health Hauora Matua ki Te Tai Aorere	**ENROLMENT FORM** **Harley Street Medical** 14 Harley Street, Nelson 7010 **Ph 03 548 27 63 | EDI: harleysm**	☐ Dr Maria Giouzeli MCNZ 85101 ☐ Dr Yen Chen MCNZ 61806 ☐ Dr Chris Dittmer MCNZ 71767 ☐ Dr Sarah Wong MCNZ 61980 ☐ Dr Ella Barclay MCNZ 84520 ☐ Dr Sunniva Jones MCNZ 73519 ☐ Dr Harry Brooks MCNZ 101844

Please fill in and return to Harley Street Medical Reception with your NZ passport or birth certificate.

NHI number (if known)	**OFFICE USE: NHI confirmed / updated** ☐

1. PERSONAL DETAILS

Title	**First name**	**Middle name(s)**	**Family name**
Preferred name		**Previous or other names**	
Date of birth *DD / MM / YYYY*		**Place of birth**	**Country of birth**
Assigned sex ☐ Male ☐ Female	**Gender (if different from assigned sex)** ☐ Male ☐ Female ☐ Other		**Occupation**

Preferred pronouns
☐ He / him ☐ She / her ☐ They / them ☐ Other: _____

2. ADDRESS AND CONTACT DETAILS

Usual residential address — house/RAPID number and street	**Suburb / rural location**	**Town / city and postcode**
Postal address — if different from above	**Suburb / rural location**	**Town / city and postcode**

Mobile number	**Home phone**	**Email address**
Emergency contact — full name	**Relationship**	**Mobile or other phone**

3. ETHNICITY

☐ New Zealand European ☐ Māori Iwi: _____ ☐ Samoan ☐ Cook Island Māori ☐ Tongan	☐ Niuean ☐ Chinese ☐ Indian ☐ Other: _____

4. CHILDREN, INFORMATION SHARING AND COMMUNICATION

If enrolling a child: where does the child normally live if parents are separated?
☐ Mother ☐ Father ☐ Guardian

If anyone does not have access to the child, provide their name and attach the court order *Court order attached* ☐

Consent for basic medical information to be accessed by other health professionals through HealthOne
☐ Yes ☐ No

Our usual communication methods include Manage My Health, email and text messages. Please tick any you would prefer to opt out of
☐ Manage My Health ☐ Email ☐ Text messages

5. TRANSFER OF RECORDS

To help provide the best possible care, I agree to the Practice obtaining my records from my previous GP. I understand I will be removed from their practice register because I can only be enrolled at one practice at a time in New Zealand.		
☐ Not applicable	☐ Yes, request my records	☐ No transfer
Previous practice name *GP name if known*		**Practice address / location**

6. DECLARATION OF ENTITLEMENT AND ELIGIBILITY

I am entitled to enrol because I am residing permanently in New Zealand. ☐

Residing permanently means I intend to be resident in New Zealand for at least 183 days in the next 12 months.

AND I am eligible to enrol because:

a	I am a New Zealand citizen.	☐
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 current work visa/permit and can show that I am legally able to be in New Zealand for at least 2 years (previous visa/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.**	Office use: evidence sighted ☐

7. MY AGREEMENT TO THE ENROLMENT PROCESS

I intend to use this practice as my regular and ongoing 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 this practice's Primary Health Organisation (PHO) Nelson Bays Primary Health 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 provides.

I have read and I understand 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 and understand that some of the clinical team may use AI Tools during my appointment to assist in my care.

I agree to inform the practice of any changes in my contact details and entitlement and/or eligibility to be enrolled.

I agree to adhere to the practice Terms and Conditions of Trade, as listed on the website.

8. SIGNATURE

The enrolling person should sign below. A parent, caregiver or authorised person must sign if the enrolling person is under 16 or unable to sign for themselves.

Signature	**Date** *DD / MM / YYYY*
Person signing ☐ Enrolling person ☐ Parent / caregiver ☐ Other authorised person	

If a parent, caregiver or authorised person is signing, complete below.

Authority — full name	**Relationship / legal basis**	**Contact phone**

Harley Street Medical

Important enrolment information

Proof of eligibility for enrolment

The Ministry of Health requires us to obtain proof that all patients enrolling at Harley Street Medical are eligible to enrol. Please provide one of the following before we are able to complete your enrolment:

	New Zealand passport
OR	**New Zealand birth certificate and one form of photo ID**
OR	**New Zealand work or residence visa and one form of photo ID**
OR	**Australian passport and proof of address**

CHILDREN UNDER 16: The requirements above also apply, except for a work visa. Their parent must also be enrolling and hold the appropriate visa.

Terms and conditions of trade

The following Terms and Conditions of Trade apply to services provided by Harley Street Medical to any person who receives a service from its doctors and nurses.

- All services must be paid for on the date of service unless prior arrangement has been made with practice management.
- No credit is available for visitors, casual patients or new patients.
- Invoices not settled on the day of service will be emailed to the patient.
- Prices include GST and may be adjusted from time to time. Current prices are displayed in the waiting room.
- Where an account holder has arranged an online payment, it is expected to cover the full cost of the services. If it does not, the account holder will be contacted by phone or email to arrange the additional payment.
- Telephone consultations are charged at the same price as face-to-face appointments.
- Additional charges apply for services provided during a consultation, such as ECG or liquid nitrogen, and for forms or paperwork completed by a doctor. Charges may also apply for additional work performed outside consultation time.
- We reserve the right to charge for missed appointments. The full consultation fee may be charged if at least 24 hours' notice of cancellation is not provided by phone or in person. Notice by email is not accepted.
- Patients who are more than five minutes late may be asked to reschedule or may be charged for a missed appointment.
- Medical certificates and ACC Off Work Certificates are legal documents. Patients must be assessed by a doctor before a certificate can be issued.

FOR OFFICE USE ONLY

FRONT ADMIN	**Completed**
Photo ID sighted and details recorded: _____	☐
Eligibility verified. Staff initials / date: _____	☐

BACK ADMIN	**Initials / date**
Patient details entered in Evolution; note entered in F3.	
Enrolled with PHO using the enrolment-form signature date.	
Applicable alerts added (visa, HealthOne, communication or custody alerts).	
Records requested from previous practice; initials and date entered in F3.	
Family accounts linked and account holder updated if applicable.	
Manage My Health registration completed if requested.	
Form placed in the appropriate folder.	

Final staff signature: _____ **Date:** _____