CANOPY CANCER CARE

MEDICAL-IN-CONFIDENCE

PATIENT REGISTRATION FORM

Title: (please circle) Mr Mrs Ms Miss Dr Other: _____

Name: _____ DOB: _____
First name Surname

Gender: Male ☐ Female ☐

Country of Birth: _____

NZ Resident: Y ☐ N ☐ NHI: _____

Home Address: _____

Mailing Address:(if different from above) _____

Phone: Home ( ) _____ Work ( ) _____ Mobile ( ) _____

Email address: _____

Ethnic Group: _____ Occupation: _____

Do you require an interpreter: Y ☐ N ☐ Language: _____

If visiting from overseas, address while staying in NZ: _____

_____ Phone: ( ) _____

Preferred contact person (please circle): myself other Details: _____

Emergency contact person:

Name _____

Gender (please circle): Male Female Relationship to Patient: _____

Home address: _____

_____

Phone: Home ( ) _____ Work ( ) _____ Mobile: ( ) _____

Referring Doctor

Name: _____ Phone No: _____

Address: _____

GP: _____

Name: _____ Phone No: _____

Practice Name: _____ Fax No: _____

CANOPY CANCER CARE

Name: _____
(Surname) (First Name)

NHI: _____

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PAYMENT DETAILS

Your initial consultation is payable at reception upon completion of your appointment.

If you have health insurance, please complete the details below. Canopy Cancer Care (CCC) can liaise directly with your insurance company for prior approval and future payments.

☐ Southern Cross ☐ Sovereign Insurance

☐ NIB Health Insurance ☐ Partners Life

Other _____

Membership Number _____ Policy Type _____

Policy Excess _____ ACC related? ☐ Yes ☐ No

☐ **I nominate** _____ **to have authority to communicate with CCC Finance team on my behalf, in regards to invoices & payments.**
(Name)

Privacy Information

- I consent to Canopy Cancer Care Ltd (CCC) sharing appropriate information, relating to my healthcare, with third parties such as health insurers, ACC, Auckland/local District Health Boards and other medical specialists. This information will also be used for quality and audit purposes.
  (The District Health Board will automatically receive copies of your clinic letters, to ensure they have up-to-date information in the event of your acute admission to their service. If you **DO NOT** consent to us sharing your clinic letters with them, please tick this box ☐)
- To the best of my knowledge the information that I have supplied to CCC is correct.
- I authorise my insurer to disclose information relating to any approval or claim to CCC and authorise CCC to collect such information.
- If I am insured, I authorise CCC to make claims directly to my insurer on my behalf for payment in relation to my treatment including chemotherapy treatment, consultations and other patient cancer care services.

☐ **I consent to my medical information being sent by email, paper copy or fax via a potentially unsecure route outside of the control of Canopy Cancer Care**

Your Treatment

- If you are to commence treatment with CCC, we can provide an estimate of costs if needed.
- If your treatment is not covered by insurance, you may be required to make a pre-payment the day before each scheduled treatment. This can be discussed with the CCC Finance team.
- I understand and give consent that relevant information may be supplied to an external credit reporting agency to obtain a credit report.
- I agree I am responsible and will pay for all costs incurred in connection with my treatment.
- I understand CCC may notify a credit reporting agency and/or instruct a debt collection agency should I default on any payment due by me to CCC.
- I understand that any collection and/or legal costs incurred in recovering any debt will be charged to me.

Personal Property

- I understand and agree that CCC is not, and will not, be responsible for loss of or damage to any personal property (including jewellery, dentures, watches, rings, glasses) which I may bring to the centre.

Print name in full: _____

Signature: _____ Date: ____ / ____ / ____

Canopy Cancer Care (Canopy) complies with the Health Information Privacy Code1994 (Reviewed 2008). By law, we must retain your health information for ten years. You have the right at any time to access and correct any health information about you held by Canopy. If you have any questions or concerns about the way in which your health information is managed by Canopy, please contact our Privacy Officer.
For more information refer to the Health Information Privacy Code 1994 (Reviewed 2008).