

## Patient registration form

### Nurse Contact:

Title:  Mr  Mrs  Ms  Miss  Dr Other: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last name) (First name)

Gender:  Male  Female  Other Country of birth: \_\_\_\_\_

NZ resident:  Y  N

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:  Myself  Other Details: \_\_\_\_\_

### Emergency contact person

Name: \_\_\_\_\_

Gender:  Male  Female Relationship to patient: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

### Referring doctor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### GP

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Practice name: \_\_\_\_\_ Fax: \_\_\_\_\_

## Patient registration form

Name: \_\_\_\_\_  
(Last name) (First name)

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?  Y  N

**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.
- Please note that the information may be sent via a potentially unsecured route where recipients use email accounts on unsecured platforms. Although CCC does its best to protect your privacy, we cannot guarantee this where we are unable to achieve end to end encryption with the recipient due to factors outside our control. 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.
- 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.

### 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 Canopy accounts 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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Opt in to receive patient newsletters and communications. You will be able to unsubscribe at any time.

In addition to the terms above, our privacy policy (found on our website [www.canopycancerco.nz](http://www.canopycancerco.nz)) applies to any personal information we hold about you. Canopy Cancer Care Limited (Canopy) complies with the Privacy Act 2020 and the Health Information Privacy Code 2020. By law, Canopy must retain your health information for ten years. You have the right at any time to access and request correction of any personal information about you (including health information) 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 Karen Whiting at [karen.whiting@canopycancerco.nz](mailto:karen.whiting@canopycancerco.nz). For more information refer to the Health Information Privacy Code 2020.