MEDICAL-IN-CONFIDENCE

Patient registration form

CANOPY CANCER CARE

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: _____

MEDICAL-IN-CONFIDENCE

Patient registration form

CANOPY CANCER CARE

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 it's 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.

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@canopycancercare.co.nz. For more information refer to the Health Information Privacy Code 2020.