

Harley Street Medical General Practitioners - 14 Harley Street, Nelson 7010

Phone: 03 548 2763 Email: hsm@harleymedical.co.nz

Harley Street Enrolment Pack

Included in your enrolment pack you will find our:

1. Welcome letter
2. Harley Street Doctors
3. Patient Portal and FAQs
4. Fees
5. Health information privacy statement
6. Enrolment form
7. Proof of eligibility for enrolment
8. Terms and conditions of trade

Each person aged 16 years old and over must complete the enrolment forms listed below and attend Harley Street Medical IN PERSON with the appropriate identification to allow our Reception team to complete the process. If enrolling a person under the age of 16, a parent/ caregiver can sign on behalf of the person to be enrolled, and present the appropriate forms and identification to Harley Street Medical.

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Welcome to Harley Street Medical

We are delighted to have you join our practice. We are a medical practice in central Nelson, providing full general practice services for you and your family. Family medicine to us means providing a supportive and up to date medical service to all ages.

Please ensure that you read the information in this pack in full and complete all the required forms before returning them in person with identification to Harley Street Medical.

A condition of enrolment is that each new patient over 16 years has a New Patient Consultation with one of our practice nurses. This is to ensure that we have accurate, up to date health information about you and to begin building a relationship with you. It also means that when you see the GP for the first time, the doctor has adequate information about your health to ensure they can attend to any acute needs. A New Patient Consultation with the nurse is 30 minutes and standard fees apply.

Typical GP and nurse consultations are 15 minutes in length. If you wish to discuss multiple health concerns it is in your interest to book a double consultation (at double a standard consultation cost), to ensure your needs are met. We try our best to run to time, but occasionally appointments run late. Our reception team will do their best to inform you of delays when you arrive. We do ask that you always arrive on time. If you are late it decreases our ability to provide you with quality care. Arriving late by more than 5 minutes will mean we will need to reschedule your appointment. We do charge patients for not attending appointments. This is all clearly explained in our 'Late and Missed Appointment policy' that is on our website and available at reception.

We work collaboratively as a team at Harley Street. This means that we typically try to book you with your preferred GP (please note most routine appointments have a 1-2 week wait). Whilst we will do our best to ensure you see the same GP each time, if needing to be seen urgently or if your GP is away, you may be offered an appointment with a different team member.

If there is anything you are unsure of or if you would like help filling in your enrolment form, please speak with one of our team members.

Ngā mihi nui

*Jenny Hunter
Practice Manager*

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Harley Street Doctors

Sarah Wong

Principal GP MBChB, FRNZCGP, Dip Child Health

"I was born in Christchurch and grew up in Nelson. I have a strong interest in child health and I also enjoy women's health and family medicine. I love the diversity of general practice and the privilege of working alongside and getting to build relationships with patients and their families."

Dr Yen Chen

Principal GP MB.ChB, BMedSc(Hons), PGDipSEM, FRNZCGP

"I grew up in Christchurch and went through Otago medical school. The most enjoyable aspect about primary care is being part of the community and journeying with the patients. I enjoy all aspects of general practice for the variety and the challenges it brings."

Dr Maria Giouzeli

Principal GP RCGP, MBBS, DPhil, BSc

"I was born in Greece and studied in the UK; Biology at London, PhD in Genetics at Oxford and Medicine at Newcastle. I was very fortunate to join the team at Harley Street Medical, which epitomises my love for general practice."

Dr Chris Dittmer

Associate GP B.Sc, MB.ChB

"Having originally hailed from Auckland, I have spent the past 8 years in Nelson. I joined Harley St Medical 4 years ago and enjoy being part of a friendly, supportive team. I thoroughly enjoy seeing the benefits that can come from effective medical care in the field of general practice."

Dr Ella Barclay

GPEP2 MB ChB, DCH

"I fell in love with Nelson after completing my Junior Doctor training at Nelson Hospital. I enjoy the variation of general practice and am interested in all aspects of primary care. I am on my way to becoming a specialist GP, with a Post-Graduate Diploma in Child Health."

Nurse Prescriber Katy Savage

Nurse prescribers have undertaken additional training giving them advanced clinical scope. Katy is able to prescribe from a schedule of common medicines meaning she is able to treat patients with common illnesses (e.g. coughs and colds). She is also able to do medication reviews for well patients requiring repeat prescriptions. Adding to this, Katy is a valuable member of our wider nursing time.

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Patient Portal

We have an online portal available for patients to access some aspects of their health care. Manage My Health is a web or app-based platform where patients (once they have set up their account) can access test results, order repeat prescriptions and book appointments online. If you would like to be signed up for Manage My Health, please let our reception know by indicating on your enrolment form.

It is advised that you download the app (if you have a smart phone) for ease of use. If you are moving to Harley Street Medical from a practice that has had Manage My Health in the past please allow up to 2 weeks for your details to be transferred over.

FAQs

Can I phone in for repeat prescriptions?

- Yes, but we would prefer you use Manage My Health as this links directly to your health records
- Yes, if you have been seen recently and your health is stable
- Yes, if you are requesting regular repeat medications

You are welcome to phone in requests for medications. Our administration team will pass on your request to the clinical team. Typically, we need at least 48 hours to process prescription requests. There is a fee for generating scripts and urgent, same day scripts have an additional fee.

In your best interests, we will want to see you at appropriate intervals to ensure your medication is still the most appropriate and effective.

Getting results of investigations or lab tests

If you have tests requested by our team, typically we will only contact you if the results require urgent attention. If a clinician needs to discuss your results with you, they will contact you directly. Once the appropriate actions have been taken regarding your results, or the results are 'normal', they will be uploaded to your Manage My Health account.

If you have questions regarding your test results you are welcome to book a consultation with a nurse or GP.

If you have not seen your results uploaded to Manage My Health, nor heard from a member of the clinical team, we encourage you to phone our practice nurses to follow up.

HARLEY STREET MEDICAL

CONSULTATION FEES

for Standard Consultations (April 2025)

For Patients Registered and Enrolled with this Practice

AGE	Medical Consult No CSC	Medical Consult CSC	ACC Consult No CSC	ACC Consult CSC
65+	\$65.00	\$19.50	\$54.00	\$32.50
45 - 64	\$65.00	\$19.50	\$54.00	\$32.50
25 - 44	\$65.00	\$19.50	\$54.00	\$32.50
18 – 24	\$61.50	\$19.50	\$51.00	\$32.50
14 - 17	\$50.50	\$13.00	\$40.00	\$24
0 - 13	No Charge	No Charge	No Charge	No Charge

Other (Non-Standard) Fees

- For fees for nurse consultations and additional services, please ask at Reception

Casual Patients

- Casual patients (those not enrolled at this practice) are not eligible for PHO fees subsidy – this is only available at the 'home' general practice where they are enrolled.

- Casual fees carry an additional cost – please see fees schedule at reception or in the waiting room.

- All fees are 'pay on the day' fees
- Payment is required on the day of consultation unless otherwise negotiated prior to your appointment
- If you have difficulty making payments, please discuss this with us – we are willing to negotiate

Use and confidentiality of your health information (fact sheet)

Your privacy and confidentiality will be fully respected. This fact sheet sets out why we collect your information and how that information will be used.

Purpose

We collect your health information to provide a record of care. This helps you receive quality treatment and care when you need it.

We also collect your health information to help:

- keep you and others safe
- plan and fund health services
- carry out authorised research
- train healthcare professionals
- prepare and publish statistics
- improve government services.

Confidentiality and information sharing

Your privacy and the confidentiality of your information is really important to us.

- Your health practitioner will record relevant information from your consultation in your notes.
- Your health information will be shared with others involved in your healthcare, and with other agencies with your consent, or if authorised by law.
- You don't have to share your health information, however, withholding it may affect the quality of care you receive. Talk to your health practitioner if you have any concerns.
- You have the right to know where your information is kept, who has access rights, and, if the system has audit log capability, who has viewed or updated your information.
- Your information will be kept securely to prevent unauthorised access.

Information quality

We're required to keep your information accurate, up-to-date and relevant for your treatment and care.

Right to access and correct

You have the right to access and correct your health information.

- You have the right to see and request a copy of your health information. You don't have to explain why you're requesting that information, but may be required to provide proof of your identity. If you request a second copy of that information within 12 months, you may have to pay an administration fee.
- You can ask for health information about you to be corrected. Practice staff should provide you with reasonable assistance. If your healthcare provider chooses not to change that information, you can have this noted on your file.

Many practices now offer a patient portal, which allows you to view some of your practice health records online. Ask your practice if they're offering a portal so you can register.

(Please turn over)

Use of your health information

Below are some examples of how your health information is used.

- Your practice is contracted to a Primary Health Organisation (PHO) so the PHO may use your information for clinical and administrative purposes including obtaining subsidised funding for you.
- Your District Health Board (DHB) uses your information to provide treatment and care, and to improve the quality of its services.
- A clinical audit may be conducted by a qualified health practitioner to review the quality of services provided to you. They may also view health records if the audit involves checking on health matters.
- When you choose to register in a health programme (e.g. immunisation or breast screening), relevant information may be shared with other health agencies involved in providing that health programme.
- The Ministry of Health uses your demographic information to assign a unique number to you on the National Health Index (NHI). This NHI number will help identify you when you use health services.
- The Ministry of Health uses health information to measure how well health services are delivered and to plan and fund future health services. Auditors may occasionally conduct financial audits of your health practitioner. The auditors may review your records and may contact you to check that you received those services.
- Notification of births and deaths to the Births, Deaths and Marriages register may be performed electronically to streamline a person's interactions with government.

Research

Your health information may be used in research, approved by an ethics committee, or when it has had identifying details removed.

- Research which may directly or indirectly identify you can only be published if the researcher has previously obtained your consent and the study has received ethics approval.
- Under the law, you are not required to give consent to the use of your health information if it's for unpublished research or statistical purposes, or if it's published in a way that doesn't identify you.

Complaints

It's OK to complain if you're not happy with the way your health information is collected or used. Please talk to us in the first instance. If you are still unhappy with the response you can call the Office of the Privacy Commissioner toll-free on 0800 803 909, and they may investigate further.

For further information

- Visit www.legislation.govt.nz to access the Health Act 1956, Official Information Act 1982 and Privacy Act 1993.
- The Health Information Privacy Code 1994 is available at www.privacy.org.nz. You can also use the Privacy Commissioner's [Ask Us](#) tool for privacy queries.
- A copy of the Health and Disability Committee's Standard Operating procedures can be found at <http://ethics.health.govt.nz/operating-procedures>
- Further detail in regard to the matters discussed in this Fact Sheet can be found on the Ministry of Health website at <http://www.health.govt.nz/your-health/services-and-support/health-care-services/sharing-your-health-information>



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

Shaded Fields are compulsory

Name	Title	First Name	Middle Name(s)	Family Name
Other Name(s)		Preferred name	Previous/other names	
Birth Details		Day/Month/Year of Birth	Place of Birth	Country of Birth
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Gender diverse (please state) <input type="checkbox"/>	Occupation

Preferred Pronouns	<input type="checkbox"/> He/ Him/ Himself	<input type="checkbox"/> She/ Her/ Herself	<input type="checkbox"/> They/ Them/ Themselves	<input type="checkbox"/> Other (please state)
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Usual Residential Address	House (or RAPID) Number and Street Name	Suburb/Rural Location	Town/City and Postcode
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Postal Address If different from above	House Number /Street Name / PO Box Number	Suburb/Rural Location	Town/City and Postcode
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Contact Details	Mobile Number	Home Phone	Email Address
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Emergency Contact	Name	Relationship	Mobile (or other) Phone
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Ethnicity Details Which ethnic group(s) do you belong to? <i>Tick the space or spaces which apply to you</i>	<input type="checkbox"/> 11 New Zealand European <input type="checkbox"/> Māori Tribe/Iwi: <input style="width: 100%;" type="text"/> <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Māori <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan). Please state	Address the child normally resides at if parents are separated: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> If a person does not have access to your child, please provide a copy of the court order. Name: _____ Court order attached <input type="checkbox"/> Do you consent to having your basic medical information accessed by other health professionals through Health One? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you wish to sign up to the online patient portal Manage My Health? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you wish to receive communication from us via text messaging or email? <table style="width: 100%;"> <tr> <td style="text-align: center;">Email</td> <td style="text-align: center;">Text</td> </tr> <tr> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	Email	Text	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email	Text					
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					

Transfer of Records	In order to get the best care possible, I agree to the Practice obtaining my records from my previous GP. I also understand that I will be removed from their practice register, as I am only able to be enrolled at one practice at a time in New Zealand.	
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes, please request transfer of my records	<input type="checkbox"/> No transfer
	Practice Name (GP's name if known)	Address/Location

My declaration of entitlement and eligibility

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

The definition of residing permanently in NZ is that you 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** (*If yes, tick box and proceed to I confirm that, if requested, I can provide proof of my eligibility below*)

If you are **not** a New Zealand citizen please tick which eligibility criteria applies to you (b–j) below:

b	I hold a resident visa or a permanent resident visa (or a residence permit if issued before December 2010)	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
e	I am an interim visa holder who was eligible immediately before my interim visa started	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
i	I am participating in the Ministry of Education Foreign Language Teaching Assistantship scheme	<input type="checkbox"/>
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	<input type="checkbox"/>

I confirm that, if requested, I can provide proof of my eligibility

Evidence sighted (*Office use only*)

My agreement to the enrolment process

NB. Parent or Caregiver to sign if you are under 16 years

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.

Patient Signature:		Day/Month/Year	Self Signing/ or/	Authority (please tick)
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An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

Authority Details <i>(where signatory is not the enrolling person)</i>	Full Name	Relationship	Contact Phone/s
	Legal basis of authority (e.g. parent of child under 16 years of age)		

FOR OFFICE USE ONLY

Front admin

Photo ID Eligibility verification

Details of ID provided: _____

Staff signature: _____

Back admin

	when each step completed
Patient details entered in Evolution (annotate in notes (f3))	
Enrolled with PHO to date that matches enrolment form signature	
Added applicable alerts (e.g. Visa, decline information sharing on health one, decline text/ email, child care/ custody alerts)	
Requested notes from previous practice (annotate in notes (f3) your initials, date)	
Linked accounts to family (and changed account holder (if applicable))	
Registered for MMH (if ticked)	
Placed form in appropriate folder	

Staff signature: _____

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Proof of Eligibility for Enrolment

The Ministry of Health required us to obtain proof that all patients enrolling at Harley Street Medical are eligible to enrol. This means we need to site the following identification before we are able to enrol you.

New Zealand Passport

Or

New Zealand Birth Certificate and 1 form of photo ID

OR

New Zealand Work or Residence VISA and 1 form of photo ID

Or

Australian Passport and Proof of Address

NB: For children under 16 years, the above applies also, with the exception of Work VISA (their parent must be enrolling also and have the appropriate VISA).

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 are paid for on the date of service unless prior arrangement is made with practice management.
- No credit is available for visitors/casual patients/ new patients.
- Invoices not settled on the day are emailed to patients.
- Prices for services are inclusive of GST and may be adjusted from time to time. Current prices are clearly displayed in the waiting room.
- Where an account holder has arranged an online payment, it is expected that this will cover the full cost of the services. If it does not, the account holder will be reminded by phone or email that they need to make additional payments.
- Telephone consultations are the same price as face-to-face appointments.
- Charges will be made for additional services within a consultation (such as ECG or liquid nitrogen), and for forms/ paperwork left to be completed by the doctor. Charges may apply for additional work performed outside consultation time.
- We reserve the right to charge patients for missed appointments. The full consultation fee will be charged to the account holder for a missed or cancelled appointments unless a 24h notice has been given by phone or in person (not via email).
- If patients are more than 5 minutes late for an appointment, they may be asked to reschedule or be charged for a missed appointment.
- Medical Certificates/ ACC Off Work Certificates are legal documents. To have a certificate issues, patients must be seen by a doctor.
- Prices for services may be adjusted from time to time. Current prices are clearly displayed in our practice waiting room.