

PATIENT DECLARATION

Important considerations you
(as a patient and referring General Practitioner)
need to be aware of before signing this document are:

- The Auckland Regional Charity Hospital Trust is **NOT** part of the Public Health system and receives **NO** government funding.
- Funding is provided by public donations and grants.
- The Charity Hospitals Doctors, Nurses and Support staff are all **unpaid volunteers**.
- As a charity we all therefore have a moral responsibility to ensure that donated funds and services are used wisely and appropriately.

<p>_____</p> <p>Print patient's name</p> <ol style="list-style-type: none">1. I cannot get specialised help for my health condition through the public health system.2. I do not have medical insurance that will pay for my treatment.3. I have insufficient means to pay for my treatment in the private health system.4. ACC will not provide any treatment cover either in full or in part for my treatment.5. I consent to the Auckland Charity Hospital Trust holding a file copy of my medical records.6. I understand that my records may be required for audit and quality reports.7. I confirm I am a New Zealand Permanent Resident or Citizen. <p>Signed Patient _____</p> <p>Signed GP _____</p> <p>Practice Stamp</p> <p>Date _____</p>
